THE

INDIAN

HOMŒOPATHIC REVIEW,

A MONHLY JOURNAL

OF

HOMŒOPATHY AND COLLATERAL SCIENCES.

EDITED BY

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VOL. I, 1882.

Calcutta:

THE INDIAN HOMŒOPATHIC REVIEW OFFICE.

PRESIDENCY PRESS, 8, CHITPORE ROAD.

1882.

CONTENTS OF VOL. I., 1882.





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Vol. I] JANUARY 1, 1882. [No. 1.

APOLOGIA PRO VITA SUA.

As journalists we are responsible for our own existence, and it is necessary that we should explain why we have thought fit to call ourselves into being. Without much preface, therefore, we proceed to state the reasons of our existence and the objects it is intended to attain. It is not to be disputed that Homœopathy is gaining ground in India. More and more people are hearing of it every day. More and more Homœopathic dispensaries are coming into existence. Instances of cures by means of Homœopathic medicines are multiplying. And the number of converts to the new faith is also unquestionably on the increase. Yet the cause does not advance. The popularity of the method seems to be owing not to an intelligent appreciation of it as a method, but to a confused idea that some Homœopathic drugs are sometimes very useful. Men are proud to show their candour and their acumen by admitting that Homœopaths have got good medicines for this disease and that disease. We set no value upon such admissions, and if every single man in India were to make such admissions, we should not be justified in thinking that the cause of Homœopathy had advanced. That we may not raise false hopes or inculcate false ideas of our catholicity, we think it our duty to state that we entirely repudiate the motto, "He is the best physician who rescues men from diseases." The bare fact of removal of a disease or of some particular diseases is of little consequence when the inquiry is to discover a *law* of cure. Ob-

servation of particular instances is no doubt necessary to discover a general law. But when the observed instances have no sort of resemblance, of what use are they? There will be found men, and very well educated men they are, who generalize their experience in some such way as the following: "The Homœopaths have got good medicines for Cholera and some other diseases. The Allopaths have got good medicines for acute fever, for surgical diseases and some other diseases. The *kabirajes* have got good medicines for chronic diarrhœa, chronic fever and some other diseases. Some *sanayasis*, *mohunts* and old women also know some very good medicines for some diseases." All that we can say in answer is that we should find it difficult to be happy in such a frame of mind. If we are to choose medicines empirically, what progress have we made since the time of Galen? What is the method we are to follow, or must we renounce the possibility of a method? Are cures to be regarded as so many isolated phenomena not amenable to any law? We hold and we shall attempt to teach in this journal that all the above inquiries have been satisfactorily answered by Hahnemann. The method has been found. The law is known. Without mincing matters and using periphrastic expressions we distinctly and unreservedly commit ourselves to the method of Hahnemann. By that method we are prepared to stand or fall; and it will be our duty to expound it, to illustrate it, to develop it and to propagate it to the best of our ability. Fully convinced that the cause of Homœopathy can only be advanced by a correct teaching of its *method*, we shall not rest content with recording mere facts of cure which, after all, only prove the efficacy of particular drugs, but we shall endeavour to show what tests it can stand and with what results it can be applied. The theoretical discussion of it will be in the *Leading Articles*, the illustration of it in the *Clinical Record*. At the present day and especially in India, ideas are prevalent in regard to Homœpathy which are grotesquely erroneous. A whole cloud of prejudices and superstitions hang over the subject. A knowledge of Homœopathy is supposed to be independent of, and

inconsistent with, a knowledge of Chemistry, Botany, Anatomy and Physiology, which are regarded as the monopoly of the Allopaths. It is also imagined that a Homœopathic practitioner is by the very nature of things incapable of learning the surgical art. Dilutions are supposed to be made with water; even muddy water will suffice for the purpose, for we have heard it said in sober argument that according to the principles of Homœopathy a drop of medicine poured into the Hoogly will imbue the whole of its waters with the medicinal property. It is ignored that muddy waters are bodies as inert as muddy brains. Then again the law of *similia similibus* is illustrated by supposing that Homœopaths, if they had to treat a burnt child, would burn him all the more and would rescue a sinking man by sending him deeper down into the water. Lastly, in regard to the infinitesimal doses, the ideas that prevail are too ludicrous to be told. It will be one of our primary duties to dissipate these errors,—to define exactly what Homœopathy is and what it is not. A method or a system before it is appreciated must be known; and the knowledge must be drawn from the external world and not from the inner consciousness. In view of this same end we shall glean whatever of any use or value we may find in the English or the American journals, and keep our readers *au courant* with the most advanced ideas and the most recent researches on the subject. It ought to be understood that by calling ourselves exponents of the Homœopathic method we do not preclude ourselves from dealing, whenever the occasion may arise, with the correlated sciences or with subjects of such general importance as Hygiene. With these few words we recommend this journal to the notice of the public and the profession. We are their humble servants and their help we solicit. We shall deem ourselves amply rewarded when we find that, instead of having called ourselves into being, as we said in the beginning of this article, we have been called into being by the times and the circumstances of the country.

HOMŒOPATHY, WHAT IT IS?

THIS question can only be answered properly by a Homœopath and that for various reasons. The orthodox members of the Profession have not thought it worth their while to pay any attention to it, and the public at large here has neither any leisure nor inclination to enter into the subject in an enquiring spirit. This neglect of the Profession is partly due to its having risen from the ranks the recognized leaders of the Profession, the Professors of Universities having had no hand in its origin. But it is a satisfaction to us to know that in spite of this apathy, Homœopathy has secured for it a resting place in our country. It now counts amongst its advocates some of the best intelligence of the profession, and the public is gradually awakening to the fact that it cannot safely listen to the insinuations that are hurled against it by our opponents. It now behoves us to come forward and inculcate the true principles of Homœopathy to insure its proper appreciation. Of course, so many absurd notions are prevalent about Homœopathy, that its true appreciation cannot but be yet long distant, but if we would only persist in our task, success must come to us at last. We may not be witnesses to that happy millennium, but the seed of truth is sown and the tree is sure to come forth sooner or later.

We take it for granted that our readers know who Samuel Hahnemann was,and that Homœopathy owes its origin to this illustrious son of Germany. He had studied medical science with much zeal and ardour, but his large and conscientious mind was not satisfied with the then state of medicine, and so he was obliged to give up its practice entirely. He used to devote his time principally to the study of Chemistry, and would also undertake to translate books from foreign languages to earn his living. It was while engaged in translating Cullen's Materia Medica from English into German that he came to know the fever-producing power of Cinchona. Cullen had twice seen this power of the Peruvian Bark, and he was not a little puzzled to account for

this seeming incongruity. But to Hahnemann's comprehensive mind it was full of significance. This fact was to him what the falling apple was to Sir Isac Newton. The grand system of medical practice which is sooner or later to bring about a revolution in the world of medicine, was only an elaboration of this simple fact. To make sure he was induced to try Cinchona on his own person, and although no true ague was the result, yet from the symptoms that it gave rise to, he was convinced of the truth of Cullen's assertion. The treatment of disease by contraries had already created disappointment in his mind and he had given up the practice in disgust. Some glimmering of hope now took possession of him. Bark was *the specific* for Fever then known to the Profession and since it cured on the principle of Similars, he resolved to give at least a trial to this novel idea. Wonder of wonders, his new plan of treatment proved to be a veritable success, and his heart leaped within him at the discovery of the great secret of the healing art! Cases that would formerly baffle all his efforts, began now to yield as if by charm and the grand law of cure *smilia similibus curantur* became to his mind a living fact. It is true Hippocrates had said that in exceptional cases, treatment by Similars was successful, but it was reserved for Hahnemann to discover that it was the rule and not the exception. He now began to prove drugs regularly and apply them in practice according to his new doctrine.

From the above facts we can gather what Homœopathy really means. It is a method of cure by drugs which, when acting upon the healthy organism, produces all the symptoms of the disease in their greatest possible similarity or, in other words, treatment by specifics. As such it is not opposed to medicine considered as a scientific whole ; on the contrary, it constitutes a necessary completion of this science, in as much as the Homœopathic system establishes one part of medicine, the department of Therapeutics, which had hitherto been abandoned to the crudest empiricism upon a scientific basis. Accordingly it shares with the ancient science of medicine all the suppositions necessary

to a knowledge of the pathological change, and is distinguished from that science only by the mode in which it leads to a knowledge of the remedial agents, and brings this knowledge in union with the curative object.

Previous to the time of Hahnemann no true proving of drugs was in vogue, unless the records of poisonings could be called as such. All that was then known was obtained from experiments upon the lower animals, but the action of poisons only was obtained in this way. The great and practical mind of Lord Bacon perceived the fallacy of this mode of observation, and advised medical men to study the physiological action of drugs upon their own persons. But no one ever thought of utilizing this advice in a practical manner. Hahnemann was the first who endeavoured to ascertain the action of drugs in health, and also established rules to avoid errors of observation. Indeed, this proving of drugs was a necessary corrollary to his discovery. He was convinced that Cinchona cured fever, because it produced fever when taken in health, and to follow up this idea it was necessary to ascertain first of all the peculiar diseased states which every particular drug would give rise to in the healthy system. Later on, we have noticed spasmodic efforts among the Allopaths to institute regular provings, but unless the Law of Similars is adopted, this observation of drug-action can never be productive of any happy result. Dr. Harley, while proving Belladona upon his own system, observed excitement of the heart's action from its use; and to utilise this in practice, he advised its administration to Cholera-patients when the heart's action was found to be failing. But unfortunately the mortality from this disease was not lessened even by a hairbreadth from its use. If he had known its Homœopathic uses, he would have at once been convinced of the truth of Hahnemann's maxim from the symptoms that it gave rise to in his own person.

It will thus be seen that Hahnemann was the first physician who followed Bacon's advice to obtain a knowledge of drug-action in health, and used this knowledge in accordance with a definite

law. His uniform success in the treatment of diseases led him to believe that his maxim had all the dignity of a Natural Law. We too might adduce thousands of cures in corroboration of its validity. But it is to be regretted that the regular Profession, as it is called, without any formal trial, or even without *any* study at all, have condemned Homœopathy as the fruit of a disordered brain. It is true, taking into consideration the responsibilities attached to it, the medical profession must approach very cautiously towards any new method of cure, but this cannot be true as regards Homœopathy in its present condition. It has managed to live too long, even after the funeral oration pronounced over its supposed grave to merit any longer the opprobium hitherto its birth right. It is high time that, in the interests of their patients, our Doctors should overcome any scruple if they had any towards adopting this new method of truth. In our anxiety to be cautious we must not forget that the best interests of the human race are entrusted to our care. We might even go to the extent of being overcautious in our dealings with Homœopathy, but we must be careful that we do not sacrifice truth at the alter of prejudice.

The orthodox Profession is yet in the dark as regards the action of Cinchona in Fever. Several conjectures are put forward to account for its action, but none of these appears to be consistent with reason. Some suppose,it cures Fever by virtue of its tonicity, but if it were so, other tonics as Iron ought also to prove curative. Others, again, think that this sort of Fever is due to the presence of microscopic animalcules in the blood,and Cinchona by destroying these organic germs rids the system of the presence of the Fever. This explanation too appears to be untenable; had it been true, corrosive sublimate, which is a better antiparasitic, should have been a better curative. But we all know what value is to be attached to it in the treatment of Fever.

Quinine is called par excellence *the Specific* for Intermittent Fever,but no definition of the term specific was forthcoming. Cinchona cured fever, because it was specific ; and again,it was specific,

because it cured fever. The discovery of the law 'Similia Similibus Curantur,' helps us also to define the term specific. We now know that Cinchona cures fever, because it produces fever when taken in health.

(To be continued.)

THE LATE CHOLERA-OUTBREAK OF CALCUTTA.

THERE was an unusual outbreak of cholera in the town, this season. The south end was, however, peculiarly free from its attacks. May and June are generally the months when cholera becomes very prevalent, but in the past year these months were mostly free from the ravages of the disease. We had hitherto been deluded to the belief that, the institution of the Calcutta Water Works has effectually removed the most potent cause of cholera-outbreak, but the visitation of 1879 and 1881 have quite undeceived us. It cannot, however, be denied that the introduction of pure water has done much to lessen the general mortality of the town. Our Municipality, has no doubt, done for us what human ingenuity and money can accomplish : but unless we reform our own filthy habits and learn how to preserve our own health, we cannot expect to derive the entire benefit which the general improvement of the town is calculated to confer. We must confess it to our shame that even our educated countrymen know so little and think so little about the general rules of Hygiene. It has now been proved to satisfaction that almost all the diseases, which the flesh is heir to, are preventible, and that even in hereditary diseases by good management, much may be done to prevent its occurrence or modify its nature when already present. We have said that the European quarter enjoyed perfect immunity from the disease, and we know too that this immunity was simply due to the general cleanliness of the quarter and intelligent observation of the rules of health by its inhabitants.

It is really to be regretted that after so wide a diffusion of western thought in our midst, we have succeeded in imitating only

the external gloss of European civilization. We have one by one managed to give up all the rules of sanitation that were established by our forefathers, but, unfortunately, we have adopted nothing new in their stead.

It is now generally admitted that impure air and impure water as well as unhealthy food are the most prevalent causes of cholera. In the late outbreak, we have repeatedly observed that the disease broke out in larger number and with greater virulence in the filthiest parts of the town. It was almost absent also in the upper stratum of society. As far as our own observation went, we found the disease more prevalent among children than among adults. The most noticeable feature of the outbreak was the occurrence of sequæle after the cholera symptoms had abated. We do not remember to have seen even a single instance where convalescence was established on the removal of the symptoms of cholera proper. In every case a sort of low fever with typhoid symptoms appeared, and in most cases, even after the secretion of the kidneys was established.

From what we had seen before, we were of opinion, that such symptoms would generally come on after Allopathic treatment. When the cases were treated Homœopathically, only in exceptional cases, especially where the patient had suffered from previous ill-health, that such typhoid symptoms would appear. As a general rule in the cases of children, we do not apprehend so much danger from Cholera as from its after-consequences. In the late outbreak, such consequences were the invariable rule. The very first case that we treated was that of a boy, 7 years old. He was made over to us in the stage of developed cholera, after having been treated Allopathically in the beginning. Within 12 hours, the stools changed in color, and after 18 hours the secretion of the kidneys was established. The child was apparently convalescent after the water was passed, but gradually typhoid symptoms of a very serious nature supervened, and it was only after further one week's treatment that he was brought round. As this attack came on while the child was in the enjoyment of perfect

good health, we attributed the after-consequence to the previous administration of Opium and Vin. Gallici by the Allopath. The second case cropped up in the same family, and while the first case was gradually arriving at convalescence. The patient was a girl of about the same age as the first, and was also in the enjoyment of previous good health. The cholera symptoms abated more speedily than we had anticipated, but, as sure as we live, fever with typhoid symptoms supervened, though we ourselves treated the case from the beginning. Since then we have had a large number of cases in our own hands and seen others in the hands of our colleagues. We were really surprised at the universal appearance of such symptoms in every instance. In a few cases of adults only, where we had the good fortune to be called at the stage of choleraic diarrhœa, the patients arrived at convalescence without any supervention of such symptoms, but they were very few, indeed.

Now how to account for this occurrence of these symptoms even after Homœopathic treatment? It has now been proved conclusively that the Homœopaths achieve much more success in the treatment of this dire disease than all the other symptoms combined. In the present outbreak too, our success has been as patent; but, unfortunately, our labor did not terminate with the cure of cholera proper. In the majority of cases this cure was only the beginning of our trouble. Sometimes cases ran on for more than two weeks on account of this fever, but generally one week was enough to bring about an ultimate cure.

Along with cholera a sort of low Remittent Fever also raged in many quarters of the town. This was, in fact, the season when fever becomes prevalent in Calcutta. In the previous years, fever of a Remittent type would be the most prominent disease of this season: it was only in the late one that cholera raged along with the fever. Of course, fever cases were very common though not so numerous. Cholera is thought to be only the cold stage of Fever. We have also held the same opinion all along as to its nature, and the late outbreak

only corroborated this view. In our country during certain seasons, our systems become predisposed to certain diseases much more than ordinarily, and the beginning of winter is pre-eminently the season for all sorts of Fevers. But as the winter was slow in coming, cholera also occurred with the fever cases. We said that our systems were predisposed to fever, and as cholera rendered the system weaker, the reactionary fever partook of all the characters of low Remittent Fever. We were, at first, of opinon that we might have possibly given more medicines than the system could bear and the typhoid symptoms were the consequence. So we took great care in the subsequent cases to avoid any aggravation, but in spite of all our efforts such symptoms cropped up all the same.

As regards treatment, although it has been repeatedly proved that Homœopathy alone can boast of having the most successful medicines for this fell disease, yet people are slow in adopting it in full. There is a general consensus of opinion among our countrymen that the old school remedies take effect immediately, and that Homœopathy where it cures, does so by a very slow process; so when the disease first made its appearance, Allopathy has had recourse to as usual. But the result was so disastrous and in a few cases where the New System was tried, the cure was so speedy and complete, that people were at last by sheer necessity obliged to veer round.

Of the medicines, Camphor proved scarcely of any use in the late outbreak. Veratrum, no doubt, did its work in the stage of developed cholera, but we cannot say, that we obtained the same success from its administration as in the previous seasons. Although it helped in the majority of cases to check the symptoms of cholera, it could not prevent the subsequent symptoms of the disease. In the cases of children, Veratrum alone was enough; but in adults it had generally to be alternated with Cuprum on account of the severity of the spasms. In the stage of collapse, Cuprum was again the great agent to combat it. In some cases, where the spasms were not very intense, Veratrum alone did its

work. Arsenic and Carbo. Veg., the most successful of our collapse remedies in previous seasons, were scarcely in requisition, particularly the latter. In the subsequent drowsiness with which the typhoid symptoms always began, Opium was the great healer in our hands. Where it was given previously by the Allopaths, we had great difficulty in the management of the cases, but otherwise it did all that could be desired. Indeed, in the stage of the reactionary fever, Opium and Rhus Tox. were the great secrets of our success. In a few cases only, Belladonna or any other medicine was resorted to. In the case of little children, Opium generally did its best to overcome the drowsiness, with which the typhoid symptoms ushered in, but in the case of adults Belladonna was sometimes used. Rhus Tox., wherever judiciously used in the beginning, had effectually checked any further aggravation of the typhoid symptoms. In some cases, Sulphur had to be had recourse to for this purpose. We had two cases where instead of Rice water stools, blood and mucus were passed in the stage of developed cholera; in both Merc. Corr. acted like a charm. One of the patients got well without any after-consequence; but in the other, the reactionary fever was very violent and troublesome. In the Cholerine of both children and adults, Croton Tig., and Podophylum were chiefly used. Besides the above a few other medicines also were used, viz., Acid Phos., China, Secale Corn., and Cina.

THERAPEUTICS OF SOME MEDICINES ACTING UPON THE URINARY AND SEXUAL ORGANS.*

Cantharis.

URINARY ORGANS.—Inflammation and ulceration of the uropoetic organs.

Kidneys: dull pressing; pains, with urging to urinate; sensitive to least touch; with paroxysms of cutting and burning.

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* Reprinted from the Hahnemannian Monthly, October, 1881. Studies in Materia Medica, by Dr. Farrington.

These latter often alternate with pain at the end of the penis. Post-scarlatinal nephritis, with impending uræmia.

Aching pains across the loins,tearing into testicles. Cutting and contracting pains from the ureters down towards the penis; at times passing from without inwards, pressure on the glans relieves.

Bladder: so irritable can bear but a spoonful or so of urine in the bladder without urging to urinate.

Violent Cystic pains, with intolerable tenesmus urging and extorting screams.

Cystitis with vomiting, fever, anguish, restlessness, &c. Burning cutting in the neck of the bladder, extending to the fossa navicularis. Excessive tenesmus of bladder and rectum.

Pain in the perinæum, seemingly from the neck of the bladder. Gangrene of the lining membrane of the bladder. Continued urging to urinate, the urine passing only in drops, with unbearable burning, sticking and tenesmus. On urinating, cutting as with knives.

Before, during, and after urinating, cutting pains, forcing him to scream out and to bend double. Urging, with passage only of hot, scalding drops, or of drops of blood; sometimes with dribbling of urine or urine and blood.

Urging, with strangury and ischuria. Urging, less sitting, more standing, most walking. Frequent, painful urination, preceded by pain in the glans.

Urine: bloody; blood-mixed; blood and mucus; turbid, scanty; cloudy, meal-like,with white sediment, which adheres to the vessel.

Urine contains albumen, membranous pieces, which are rolled up, organized lymph, epithelial cells, etc.

Urinary sediment looking like old mortar.

Urine frequent and more copious than usual.

Urine retained or suppressed.

Atony of the bladder from too long retention of urine.

Paralysis of the bladder, with frequent desire but inability to urinate.

Related Remedies.—No remedy is more frequently called for in irritation of the urinary organs than CANTHARIS. Its

characteristics here are, briefly, painful or violent strangury, urine, in drops, tenesmus vesical; nephritis with strangury; and tubal nephritis. Paralytic weakness rarely calls for it, though it not unfrequently relieves dribbling with strangury—a defective control, spasmodic rather than paralytic. Sometimes, however, atony and paralysis may require it.*

Uræmic symptoms were considered under Nervous System (q.v.)

The following may be compared, since they cause severe irritation, inflammation, or violent pains, and hence more or less resemble the main drug under consideration.

Kidneys: ACONITE, *Terebinth.*, Cann. ind., CANN. SAT. *Bellad.*, BERBERIS, Chimaphila.

Renal Colic; Ocimum, Pareira, Berberis, Bellad., *Lycopod.*, Uric acid, *Ipomœa.*

Cystitis: Capsic., Berberis, *Cann. sat., Coloc., Copaiva, Cubebs, Senega, Zinc.*

Dysuria: ACONITE, CANN. SAT., Cann. ind., CAMPH., BELLAD., *Equisetum, Doryphora,* MERC. CORROS., *Merc. viv.*, FERRUM PHOS., Poland water, *Linaria,* PETROSEL., *Capsicum, Digitalis, Nux vom., Apis, Kali nitricum,* Thuja, Rhus aromatica, *Chimaph.*, Epigea repens, *Pulsat.*, Populus, Sassaf., *Merc. aceticus,* Oniscus, *Clematis, Conium,* Colchic., *Copaiva, Erigeron, Sarsap.*, Mitchella, **Hedeoma**, *Terebinth.*, Benzoic acid, Ant. tart., etc.

Bloody urine, with much pain: *Aconite,* TEREBINTH., ERIGERON, Capsic., UVA URSI, Epigea, Merc. sol., MERC. CORROS., *Colchic.*, Erechthites, *Mezer.*

(For Urethra, etc., see next heading.)

CAMPHOR and Kali nitricum are approved antidotes of CANTHARIS in urinary affections. *Apis*, too, is stated to relieve the cystitis caused by the Spanish fly.

DORYPHORA, a coleopterous insect, has cured violent urethritis in children. (Baruch.)

* See Article on Cantharides, by S. A. Jones, M. D., American Observer, 1879.

ACONITE frequently suits the incipiency of renal and cystic affections, which, unmodified, progress into a CANTHARIS-condition. The urging to urinate, dysuria and hæmaturia, are accompanied with an anxious restlessness and high fever, altogether different from the expression of Cantharis.

BELLADONNA induces violent renal congestion, with copious urination, or with retention of urine, intense urging and strangury. The urine may be fieryred or yellow. It may also contain albumen.

In renal colic it is sometimes of use for its well-known spasmodic pains.

It has caused irritation at the neck of the bladder very similar to CANTHARIS, though mostly as a symptom of some exanthem.

In cystitis, violent fever, coexisting brain symptoms, hot fiery-red urine and local sensitiveness, so marked as to render touch or jarring unbearable, are its indications.

CANNABIS SATIVA may supplant the drug under study in simple nephritis;* but it has no record in Morbus Brightii. Drawing pain in the region of the kidneys extending into the inguinal glands, with anxious nauseous sensation in the pit of the stomach. (Compare Genital Organ.)

Cannabis indica has burning, stitches, aching in the kidneys; pains when laughing. But its greatest use here is in what may be termed renal debility, with frequent urination, pains in the kidneys and restlessness.

BERBERIS develops a great variety of pains in the renal region, and hence may be confounded with the Spanish fly. Indeed it is too often forgotten for more commonly employed drugs.

Tension, pressure; sticking pains from kidneys to bladder or to hips and groins. Burning stitches. Tearing sticking in region of loins and kidneys as if parts were crushed or bruised, with a feeling of stiffness; numb sensation. Pains radiate from the kidneys in all directions. Sticking in the abdomen just over

* See Jahr's Forty-years' Practice, p. 166.

the front of the kidney. Cutting from kidneys to urethra. Burning the length of the urethra; cutting.

This is an excellent remedy in broken-down patients. The face is sickly, pale or dirty-gray, sunken, with blue circles around the eyes; tendency to gallstones and to gravel; liver congested, torpid; urging to stood; long-lasting sensation after an evacuation as if one had just been to stool. It may be distinguished from CANTHARIS by the hip-pains, and also by the urine, which though mealy in both, deposits a thick reddish or yellowish meal-like sediment characteristically in BERBERIS.

In renal colic and gravel CANTHARIS is recommended when the pains are cutting, burning, and constrictive, with strangury. *Pareira* differs here from the Spanish fly as well as from BERBERIS, by the direction of the pains, which extend to thighs and feet (rarely below hips in BERBERIS). The urine deposits a copious red sediment. The strangury compels the patient to get on all-fours. *Ocimum* has the same sediment after the attack; but the pains cause vomiting. *Ipomœa* is needed when the pains are worse in the back, causing nausea. Uric acid relieved a case of gravel promptly. We know of no provings.

TEREBINTHINA produces congestion of the kidneys, progressing to inflammation. It also inflames the bladder and urethra. Heaviness and pain in the region of the kidneys; pressure in the morning, while sitting. Violent burning drawing pains. Strangury, with bloody urine. Urine cloudy, dark, albuminous; contains blood-casts of the renal tubes. Dropsy.

As with CANTHARIS, so here, many ailments yield to the drug; provided, only, the urinary symptoms agree. But such accompanying affections are quite different in the two remedies.

Equisetum causes dull pain in the renal region, with urging to urinate. The bladder is tender, sore, with severe dull pain, which does not lessen after urination. There is constant desire to urinate, sometimes with a feeling of distension, and with profuse urination. But it likewise causes high-colored, scanty urine, containing mucus, burning in the urethra during urination;

cutting pains. Passes a small quantity of urine, but feels as though he had not urinated for hours—a symptom akin to the distended sensation.

The remedy has won most favor in enuresis. But even when the vesical irritation increases, with scanty urine, it has proved curative, especially with women; urine blood-mixed, albuminous; pain worse just after urinating. (Marsden's *Prac. Midwifery.)*

In the latter respect, it compares with CANTHARIS; but still more with *Linaria* aud *Eup. pur.* The former of these two has produced and cured frequent painful urging to urinate; must rise at night. Also enuresis. The latter irritates kidneys and bladder, causing frequent and painful urging; excess of urine, or scanty, high-colored mucous urine. Dr. Hughes uses it in vesical irritability in women. Its symptom: feels as though it had retained the urine a long time, is somewhat similar to *Equisetum.*

In catarrh of the bladder, caused by stone, UVA URSI is superior to CANTHARIS. There are frequent painful attempts to urinate, with burning; slimy, bloody mucus. It often palliates.

Chimaphila, too, has been found useful in such cases. It produces frequent urination at night; increasing debility. Also CLEMATIS, Dulcamara.

In irritation of the neck of the bladder, we may use: *Erigeron,* with or without bloody urine. Epigea, APIS, *Copaiva,* the latter especially in old women. PULSATILLA, with spasmodic pains after micturition; pressure and soreness over the pubes. FERR. PHOS., worse the more he stands; better after urinating. *Digitalis,* relief on lying down, thus removing much of the pressure. *Capsicum,* spasmodic contracting and cutting in neck. Sassafras, which has caused, urine burns; skinny particles in it. *Nux vom.* with ineffectual urging. *Merc. sol., Merc. aceticus,* the latter with cutting just at the close of urinating (like *Natrum mur.*). Cochlearia armoracia has produced burning cutting at glans during and after urination, strangury; jelly-like urine.

In Morbus Brightii, CANTHARIS stands near ARSENIC and MERC. CORROS., though not in as far-advanced cases. MERC. CORROS. is needed when the urine is scanty, bloody, containing casts; face pale, puffy, doughy.

COLOCYNTH, like Spanish fly, causes cramp of bladder, forcing the patient to bend double; but only the former has a urinal deposit of stringy mucus. It is adapted to cases which have been modified by CANTHARIS, but not cured.

Bloody urine, with irritation or inflammation, suggests, in addition to CANTHARIS: *Erigeron*, an excellent remedy; Erechthites, also a promising remedy in bright hæmorrhages; Epigea, bloody sediment, tenesmus vesical, with burning; MERC. CORROS., bloody, in drops, terrible strangury with burning; *Colchicum* during strangury, writhing in renal region: TEREBINTH.; UVA URSI, etc.

In the course of colds, fevers, pneumonia, etc., bladder symptoms are not uncommon. They may suggest CANTHARIS. If so, the case should be readily distinguished by local and concomitant symptoms from cases calling for the following: Ant. crud., *Ant. tart.*, *Scilla*, MERC. SOL., *Merc. aceticus*, CEPA, *Apis*, etc.

The first suits in cystic catarrh, with frequent burning urination; but more often with gastric ailments. Thus, for instance, it is needed for a child who cries on urinating, has a white tongue, and the urine deposits red crystals, more abundant the more he has colic.

The second causes frequent urging, spasm of the bladder, scanty urine, passing dark, or even in drops, and bloody. This looks like CANTHARIS, but clinically, *Ant. tart.* has removed these symptoms when they accompany its rattling cough, sneezing, dyspnœa, etc.—all foreign to the Spanish fly.

Merc. aceticus has cured colds, when an accompanying sympom is cutting with the last drops of urine; and CEPA is readily distinguished by its coryza.

Cases from Practice.

BY B. L. BHADURI, L. M. S.

CASE 1.—Baboo ——— son; aged 3 years. Meningitis. September, 1880. $9\frac{1}{2}$ A.M.

The child used to play in the sun and enjoyed good health before his illness. Got fever on the 3rd September 1880, with a severe headache and was treated for it Allopathically. The eyes were blood-shot, skin and the head hot: partial spasm of the limbs, pupils dilated. The boy gradually became insensible and the left side of the body became paralysed. Tubercular meningitis was diagnosed, and Potas: Iod. in ten grain doses was prescribed four times a day.

The child has been completely comatous since the last 8 days. Pupils contracted (they were dilated before Potas. Iod. was given), child cries now and then and shuts and opens the lower jaw during a fit, which comes on at intervals of 2 or 3 hours; abdomen a little swollen, has no diarrhœa; there is rather constipation; coughs now and then, bronchial rales all over the chest. Tongue furred.

Digitalis 3. Every 2 hours

$8\frac{1}{4}$ P.M.

Has got fever since $4\frac{1}{2}$ P.M.; after two doses of Digit. 3., there was great improvement in consciousness; the spasms (partial convulsions) had also disappeared. He was not, however, allowed rest, but was continually kept awake by the father and other relatives. Got again a violent convulsive fit in my presence, with crying and screaming, alternate opening and shutting of the lower jaw. Fingers not clenched. Head very hot.

Bellad. 3. Every 2 hours.

1 A.M. No improvement, Digitalis 3.

12 September. 8½ A.M.

Convulsions frequent and more violent; character as above, eyes half shut during the interval.

Cuprum Met 12.

2½ P.M. No improvement in the convulsions. Screaming now and then.

Apis Mel. 3.

13 September, 1880. 8½. A. M.

The child's father says, that yesterday after he had written to me at about 4 P.M., the convulsions ceased and the child appeared to sleep. On awaking in the evening, Apis was not administered, as directed, but a little warm milk was given, which appeared to give quite relief. Apis was given at about 7 P. M.; a little while after there were partial spasms; so the medicine was given in half doses. Got almost no fever, slept well at night and awoke in the morning, quite conscious.

He is now quite conscious, is lying on his mother's lap, and can open the mouth when he is desired to do so.

Eyes very clear and intelligent; wiped his eyes with his fingers, (used both the right and left hand.)

Nil.

14th September,1880. Had good sleep last night, no more convulsions, can use both hands, eyes clear, can put out his tongue when asked to do so; but the look appears vacant and cannot use articulate words, neither does he attempt to speak, tongue rather reddish looking covered with vesicles, white apthous patches on the hard palate.

Causticum 3. thrice daily.

15 September, 1880. Child is far better to-day, pupils dilated; yesterday evening spoke a few words; this morning he attempted to speak, but instead of distinct articulate sounds, he could only utter a prolonged guttural sound without even any modulation; one large abscess behind the clavicle and another on the head; a few vesicles on the back, of herpetic character.

Causticum 200. only one dose.

19 September. Speech distinct, but he appears to have become very dull and slow, otherwise improving.

Acid Phosphoric 12. Every six hours.

20th Sept.—— Cured.

CASE 2.—6th February, 1880. Babu————Dey, aged 24 years, occupation—articled clerk.

The patient says that early in the month of January last, while stepping into a Tram Car in motion, the upper border of the right innominate bone struck against one of the posts which supports the roofing. A few days after he began to feel pain in the right loins with a little difficulty in walking. At first it was thought so slight, that the patient did not think it worth any attention. But gradually both the pain and the difficulty in walking began to increase, until at last he could scarcely stand up without sufficient help. Dr. Bose was sent for, who diagnosed the case as one of Psoas abscess. Dr. Cayley was called into consultation, who confirmed Dr. Bose's diagnosis. He remained under their treatment for about 26 days, but without the slightest improvement. On further examination he was told that the abscess would be fit for operation within a few days. Now his friends began to think of Homœopathy, as they did not like to allow any operative measures until a trial was given to the New System to bring about resolution of the abscess.

Present symptoms; the patient is very prostrated and looks pale and bloodless. Cannot stretch the right lower limb; appetite completely gone, skin warm; Pulse 120; gets fever in the afternoon; if he is made to stand up, he cannot put his right foot on the ground without great pain; the right lower limb remains bent; feels a sort of giddiness on standing; bowels rather constipated; tongue furred, feels nausea after food, sometimes vomiting; becomes very restless at night; the patient has a general scrofulous appearance.

Bell. 3. and Mer. sol. 6.

To be taken alternately every 4 hours.

7th February.—Almost the same as yesterday—continued.

8th—Same as before, had fever as before. Both continued.

9th.—Fever at 3 P. M., with slight chilliness, during the heat some thirst; takes water with relish. Puls. 12. three times a day.

10th.—Fever much less: temperature 100° F., was restless at night.

Pulsatilla 12. and Rhus. Tox. 12.
To be alternated every four hours.

11th.—Almost no fever, temperature: 99° F., just now; had copious perspiration at night; slept better: some return of appetite; does not feel so weak as before. Continued; iced water for nausea.

12.—No fever: temperature normal: feels more comfortable: appetite better, tongue cleaner: Pain in standing also appears less.

Sulphur 30. only one dose.

13th.—Feels much better; pain gradually decreasing; feels more and more comfortable, no more vomiting: slept well at night. Medicine Nil.

16th.—Feels stronger . looks yet pale.

Calc. Carb. 30. Morning and evening

Rice in the morning; milk and sago in the evening.

20th.—Feels much better; appetite normal, can limp a few paces if helped: pain gradually going down. Calc. Carb. 30. one dose every 2nd day.

25th.—Much better, can walk now without any help, the limping is also gradually improving; he can stand up without being much bent; continued same.

Rice in the morning and chapati in the evening.

2nd March.—The patient feels all right in other respects, but not much improvement in walking. Sulphur 200. one dose.

6th.—Improving in every respect: general health also appears to have greatly improved, can walk without much difficulty.

Calc. Carb. 200. only one dose.

Within a fortnight from this all the difficulty in walking disappeared, and he could walk erect like a soldier.

The patient is a graduate of the Calcutta University. During his college career was a very painstaking and dilligent student, but he never took any care to preserve his health. He was also very careless in matters of regular diet as is the case with almost all our students while in the College. Although he was not born of unhealthy parents, yet his disregard of both healthy exercise and regular diet accounts sufficiently for his general scrofulous appearance. He was, no doubt, predisposed to the diseases which owe their origin to imperfect assimilation of food, and the accident while stepping to the Tram Car was the immediate exciting cause.

We have seen another instance where a blow from a small stone on the thigh brought on Psoas abscess in an ill-fed child. Calc. and Sulphur with moderate exercise in the open air gradually removed the constitutional defect, and the patient now looked a very picture of good health. He has gained both in flesh and blood, and the paleness of his appearance has entirely disappeared (it is to be hoped) for good.

NOTES.

Now that the fever in Nuddea has been ruining villages after villages, Government has at last appointed a Commission to enquire into the causes of this dire epidemic and then report as to the preventive measures that might be adopted to stop its ravages. May we hope that our educated countrymen of the locality will come forward and help the Commission with informations as respects to drinking water, the means of drainage, the removal of jungles or to the cultivation of marshy lands? They owe it a duty to the country to speak out for the thousands of the poor ignorant suffering ryots.

All the schools and colleges re-open this month after the winter vacation We would like to call the attention, at least, of

the Managers and Proprietors, who are not few of the Educational Institutions of the city, to the teaching of elementary knowledge of Animal Physiology, Chemistry, Botany, Zoology, and last, though not least, of Hygiene. We would lay a great stress upon teaching the principal laws of health to the young minds. While our young men shine themselves intellectually in the scholastic career, many of them injure their health in such a way as to become either prematurely old or lead a sickly life throughout their career. We would like that simple popular lectures be given regularly, say, once a week on such subjects as Water, Air, Ventilation, Clothing, Exercise, and Food. In short, Hygiene should be regularly treated and made a compulsary part of national education throughout the country.

Scientific Medical Education in order to be thoroughly established in a country, should be always practical. A great defect found in among the majority of Medical students, as reported in the results of the examination by the Principal of the Medical College, was the want of practical knowledge of the subjects. A qualified English or Scotch youngman would always devote a year or two in Hospital or country-practice before he establishes himself settled in life. In order to establish thoroughly Homœopathic Practice in this country, we would like to have, at the beginning, a Public Dispensary, where students or Practitioners would have the advantage of attending the clinics of qualified Physicians. In the Dispensary, there should be a couple of rooms set apart, where two classes, one, for the Practice of Medicine, and the other, for Materia Medica, might be formed for delivery of lectures; say, for the present, four days in a week. There are, no doubt, some of our wealthy countrymen who have been benefitted by the Homœopathic mode of treatment, and could we not appeal to them to help us in founding such an Institution? If we look to the prosperity of the Homœopathic Institutions in the United States of America, we will see that it is mainly owing to the foundation of so many large Hospitals, where young Practitioners are brought up.

J. N. GHOSE, Presidency Press, Calcutta.



THE

INDIAN HOMŒOPATHIC REVIEW

Vol. I] FEBRUARY, 1882. [No. 2.

Dr. GLOVER ON HOMŒOPATHY.

We had always given Mr. Spencer Baynes credit for good sense in being able to select well qualified men for writing articles in his edition of the Encyclopœdia Britannica which is in course of publication. We are not sure if we would continue to give him the same credit after reading the article on Homœopathy. It is impossible to understand why an allopathic practitioner should have been called upon to write the article when so many competent Homœopathic doctors were available. The selection is about as appropriate as if Professor Huxley had been asked to write the article on Comte, or Mr. Tennyson to write on Biology or Mr. Gladstone on Agnosticism. The result is we have got an account of Homœopathy which is at once inaccurate and incomplete and a piece of criticism which could not help being fallacious from beginning to end. The writer of the article is one Dr. J. J. Glover and his criticism of Hahnemann's system is to the following effect. We shall give it as far as possible in his own words. It is customary to regard Homœopathy as a mere system of therapeutics having reference only to the question how and on what principle is disease to be treated. It is not merely therapeutics but pathology and a complete exposition of it must embrace an account of Hahnemann's views of the ultimate nature and cause of disease as well as of the remedies by which it is to be combated and the principles or principle on which these are to be selected. Hahnemann

despised any deep study of disease and theorized about it instead. Instead of speculating, Hahnemann should have inquired into the nature and natural history of diseases. He was captivated by theories and was not sound in reasoning. Underlying all his system was the idea that the causes of disease were impalpable, immaterial, spiritual, dynamic. And this great foundation was rotten. The cause of many diseases is shown to be a living germ or particle which can be discerned under the microscope, can be carried on a lancet or in a tube and inserted under the skin, so as to produce its peculiar disease. This is true of small-pox. The close air of workshops, which generates consumption is full of impurities, chemical and organic. Alcohol does not destroy a liver or a kidney in any dynamic or immaterial form, but in coarse quantities diligently repeated. The lead which paralyses the painter's wrist is not a spiritual thing. So with the Uric Acid or its salts in the blood of a person who has inherited his father's gout and perhaps his port wine. Itch is due to an ugly crab-like insect.

We are not prepared to stand by all the physiological and pathological theories of Hahnemann, and we are prepared to concede to Dr. Glover that the vital principle and dynamism are abstractions which modern science repudiates and which serve no useful purpose whatever. But Homœopathy is not so bound up with these metaphysical entities that they must stand or fall together. We have the great authority of Dr. Hughes for stating that Homœopathy is a "method,—a mode of treating disease: this, and nothing more. It is not a doctrine or a system—a successor of those ambitious but unsubstantial structures of the past which Hahnemann himself so justly decries. It is not founded upon any theory, either of health or disease. Hahnemann, like every other man, had his theories. In physiology he espoused the doctrine of a vital force; to the derangement of which he traced all disease, and by action on which he explained all medicinal influence. In pathology, he excogitated a scheme of chronic disease which traced all instances of it not

explicable by bad hygiene or drug-poisoning to infection with one of three "miasms." We are in no way committed either to his dynamism or his psora. There is no such thing as a Homœopathic physiology or pathology. The *Organon*, in its original structure, is quite free from such elements, and they continue to be mere adjuncts in its latest form. From the beginning to the end, its object is to set forth the rule *Similia similibus* as the true guide to rapid, gentle, and permanent cure; and to indicate how best it can be applied in practice."

The *gravamen* of Dr. Glover's charge against Hahnemann is that he did not carry sufficiently far his research into the causes of disease. The fact is Hahnemann gave up the search after causes as a perfectly hopeless one and a perfectly fruitless one. He was not ignorant of the fact that an inquiry into causes might be made, but he was also aware that up to his day the inquiry had turned out to be completely abortive. And he was fully convinced that the progress of the healing art did not depend on the discovery of the *causes* of disease in the sense in which that word was understood. "The partisans of the old school of medicine flattered themselves that they could justly claim for it alone the title of *rational medicine*, because they alone sought for and strove to remove the cause of disease, and were guided by nature in the treatment of diseases. *Tolle causam!* they cried incessantly. But they went no farther than this empty exclamation. *They only fancied* that they could discover the cause of disease; they did not discover it, however, as it is not perceptible and not discoverable." (The Organon: Introduction) On this head, Hahnemann, with his defective physiology, made some observations which Dr. Glover has wisely left unnoticed, for they are simply unanswerable. "A letter written in the sick-room at a great distance has often communicated the same contagious disease to the person who read it. In this instance can the notion of a material morbific matter having penetrated into the fluids be admitted? But why should I give such proofs as these? How often has it happened that an

irritating word has brought on a dangerous bilious fever; a superstitious prediction of death caused the fatal catastrophe at the very time announced; melancholy or excessively joyful news occasioned sudden death? In these cases, where is the material morbific agent that should have entered in substance into the body, there to excite and keep up the disease, and without the material expulsion and eduction of which a radical cure were impossible?" We spoke above of the "*causes* of disease, in the sense in which that word was understood." Well, what is the sense in which Hahnemann understood it? Evidently not in the sense in which Dr. Glover understands it. That excess of bile is the *cause* of bilious fever is almost a verbal proposition in Dr. Glover's sense. That mucus, lumbrici and ascarides are the *causes* (in Dr. Glover's sense) of a pale countenance, ravenous appetite, belly-ache and enlarged abdomen in children, is also clear. But Hahnemann does not speak of either bile in the one case or ascarides in the other as a *cause*. He thinks it to be a great misuse of the term to call those phenomena *causes*. "The old school regarded all those matters which were altered by the disease, those that manifested themselves in congestions, as well as those abnormal matters that were excreted as the excitors of disease, or at least, on account of their supposed reacting power as the maintainers of disease, and this latter notion prevails to this day. Hence they dreamed of effecting causal cures by endeavouring to remove these *imaginary and presumed material causes of the disease*. Hence their assiduous evacuation of the bile by vomiting, in bilious fevers: their emetics in cases of so-called disordered stomach; their diligence in purging away the mucus, the lumbrici and the ascarides where there are paleness of the countenance, ravenous appetite, belly-ache and enlarged abdomen in children, etc." The italics are ours. The part italicized clearly shows that he understood the word "cause" in a special sense and not in Dr. Glover's sense, and he eschewed causes as he understood them to be. The invisible, spiritual, dynamic causes he eschewed.

Dr. Glover may be surprised to be told that the progress of the healing art does not depend on the discovery of the *causes* of disease, in the sense in which he understands the term "cause." But this was Hahnemann's belief and the same, we make bold to say, is our belief. We have already shown that Hahnemann would not regard vomiting of bile as the proper cure for bilious fever, or the purging away of worms as the proper cure for complaints arising from worms. Of what use is it then to discover causes? It is all very well for Dr. Glover to say that itch is caused by an insect which is destroyed by Sulphur. Even in Hahnemann's day Sulphur ointment was used for itch, but he did not approve of that treatment. He ridicules the use of "repellent medicines" and shows their mischievous consequences; and one of the medicines instanced as "repellent" is Sulphur for itch. It is, therefore, nothing to be surprised at that Hahnemann did not go deep enough in his investigations into the causes of disease. His view about the causes of disease may be thus briefly expressed: The true causes were the spiritual ones and these could not be discovered: The causes wrongly so called might be discovered, but there was no use studying them. We should wish very much to ask Dr. Glover if by "deep study of disease" and by profound researches into the "nature and natural history of diseases," he or his school have discovered any efficacious *remedies* for diseases. Small-pox may be produced by a living germ, but how does that fact help us in the treatment of it? All honor is due to the discoverer of the fact that the close air of workshops may produce consumption. But does this discovery lead to the discovery of any medicine for consumption? Hahnemann may not have known the precise way in which Alcohol destroys a liver or Uric Acid produces gout, but is there any question that alike for the gout and the diseased liver Hahnemann's remedies are superior to those of Dr. Glover and his school?

That we may not mislead careless readers of Hahnemann it is necessary that we should remind them that he strongly urges

the necessity of removing "exciting or maintaining causes." In the note to Section VII of the Organon, he says: "It is not necessary to say that every intelligent physician would at once remove this exciting or maintaining cause where it exists; the indisposition thereupon generally ceases spontaneously. He will remove from the room strong smelling flowers which have a tendency to cause syncope and hysterical suffering; extract from the cornea the foreign body that excites inflammation of the eye; loosen the over-tight bandage on a wounded limb and apply a more suitable one; lay bare and put a ligature on the wounded artery that produces fainting; endeavour to promote the expulsion by vomiting of belladonna berries and the like that may have been swallowed; extract foreign substances that may have got into the orifices of the body; crush the vesical calculus; open the imperforate anus of the new-born infants, &c."

For our own part we believe Hahnemann has done signal service to the science of Medicine by showing the futility of all efforts to discover the ultimate causes of disease and by analysing the fact of disease in the way he has done. The human mind has an inherent tendency of looking for some substance apart from and independent of the phenomena that are manifest to the senses. All history bears testimony to this fact,—the history of philosophy in particular. For ages and ages the acutest thinkers could not get rid of the idea that a material object was something more than the sensations it gave us. Behind the external phenomena, there was a *noumenon.* Behind the qualities perceptible to the senses there was a substratum or substance. To Berkeley belongs the credit of having exploded the idea and proved that a material object was the sum total of its qualities or phenomena, and that no substratum existed. What Berkeley did in regard to matter, Hume did in regard to mind. The mind, Hume for the first time proved, was the sum total of its phenomena, and no entity distinct from them and underlying them. Precisely the same service which Berkeley has done to material philosophy, and Hume to mental, Hahne-

mann has done to Medicine. As a thinker Hahnemann deserves a place not only among scientists, but also among philosophers and deserves to be grouped with Berkeley and Mill, Spencer and Bain, Hume and Comte. These philosophers brought their powers of analysis to bear upon matter and mind and analysed them into mere phenomena. Hahnemann analysed the complex phenomenon Disease and resolved it also into phenomena which he called "symptoms." Sections VI of his Organon deserves to be written in letters of gold: "The unprejudiced observer, well aware of the nullity of transcendental speculations, which can receive no confirmation from experience—let his powers of penetration be ever so great, takes note of nothing in every individual except the changes in the health of the body and of the mind (morbid phenomena, accidents, symptoms) which can be perceived externally by means of the senses, that is to say, he notices only the deviations from the former healthy state of the now-diseased individual which are felt by the patient himself, remarked by those around him and observed by the physician. All these perceptible signs represent the disease in its whole extent, that is, together they form the true and only conceivable portrait of the disease." These words have rung a note of truth which will be heard to the remotest times, provided there are ears to hear. Instead of ridiculing Hahnemann and lecturing to his memory on the necessity of searching for causes, let us honor him as a benefactor of humanity. If any science of Medicine is to exist it must be built on the foundations Hahnemann has laid. That such a grand fact as disease should be resolved into a number of symptoms may appear to be a cruel and humiliating proceeding. But the analysis is as true as the modern analysis of mind and matter. If Dr. Glover will only turn over a few pages of Mill's Logic, he will see how delusive is the search after ultimate *causes*, and how dangerous it is to use the word recklessly. In what sense is Uric Acid the cause of gout? And if it is the cause, what is the cause of Uric Acid, and what is the cause of that cause? That a material object has the *power* of producing

sensations, that mind has the *power* of remembering and thinking and willing and feeling, that a cause has *power* to produce its effect,—these are fallacies long since exploded, and it is late in the day to attempt to revive them.

HOMŒOPATHY WHAT IT IS?

(Continued from page 8.)

WE have said that Hahnemann's discovery also helps us to a definition of the term specific. This class of remedial agents were not in favor with the Medical Profession as it would not satisfy their speculative vanity. Such medicines were secretly used by quacks and old women, so it was quite unprofessional to condescend to investigate their properties. Sydenham, however, was bold enough to cut through the trammels of Professional etiquette and he publicly advocated their general adoption. Medical Science is for ever indebted to this great man, for it was he who for the first time brought to the notice of the Profession the fever-curing property of the Jesuit Powder. That a certain amount of moral courage was needed to initiate the use of specifics will appear from a perusal of the following lines.

"As to the man who accuses my remedies of being simple and inartificial, I may accuse his manners and honesty in disliking that others should be so, when for his own part he would be glad that himself, his wife or his children, might, in cases of sickness, be cured by even the most contemptible means. Such a trifler deceives himself; the pomp and dignity of the medical art is less seen in neat and elegant formulæ than in the cure of diseases. This Jesuit Powder is nothing else than our own Cinchona, and while so much restriction is seen even at the present time against the use of remedies not officinal, what else could be expected from the Profession at that distant date when free thought and liberty of opinion were considered as downright heresy."

Although Bacon advised the use and study of specifics, yet his

notion about the term specific was very vague and confused. And it could not be otherwise when we consider the imperfect knowledge of medical science then prevalent. Haller laid the foundation of true physiology by his discovery of the special susceptibility of tissues, and also established rules to study the action of medicines both in health and in disease. But we doubt whether his directions, even if strictly followed, would have produced the desired result without much loss of valuable time. Had it not been for the accidental discovery of Hahnemann's, the idea of specifics would have been still enveloped in darkness. Hahnemann's discovery of the fever-producing power of Cinchona was merely by an accident. His real merit consisted in grasping at its true significance and then following it up with the necessary experiments. Cullen knew the same power of the Peruvian Bark, but in his case this knowledge was not productive of any good at all. But Hahnemann did not allow the subject to rest till he had arrived at something tangible. When the suspicion arose in his mind that Cinchona cured intermittent fever, because it had the power of producing the same disease when taken in health, he gave trial to other specifics as well and found to his surprise that they would produce the very same diseases for which they were the reputed curatives. He now became convinced that all similarly acting medicines were specifics. He became only confirmed in this view when success crowned the administration of his proved drugs.

The term specific even now does not carry with it the same precision in its meaning as in the ranks of the Homœopaths. Specifics are sought after for a whole Nosological disease, irrespective of the modifications that the condition of the patient as well as his surroundings are calculated to bring about in every individual case. There is the difference of age, sex, social position of the individual, his previous state of health, including hereditary constitution, acquired habits and the effect of the relative amount and purity of food and air; then as to his actual condition, whether suffering generally from any minor

ailment (to say nothing of major complications), from actual privation, or from any recent excesses; then with regard to the disease itself, its immediate cause, its intensity, the rapidity of its development and progress, and the extent to which the special organ attacked is affected by it; then the circumstances external to the patient influencing the progress of the disorder, such as, his house, the means at his command, the friends that sorround him, ignorant or well informed, his nurse, his food, the condition of the surrounding atmosphere and temperature; lastly, the wonderful and inexplicable, but nevertheless potent influence of mind over body, the condition of hope or fear, of quiet confidence and restless anxiety.

The list might be extended *ad infinitum*, but enough has been said to show that no two cases of a malady are to be found under exactly similar conditions, although they may be classed under one pathological head. The specific is thought to be capable of being curative in every instance, at least in the majority of cases other things being equal. This erroneous conception explains the rise and fall of certain specifics in the Old School. In every season a certain type of a disease becomes prevalent on account of a certain similarity in the modifying influences. A certain specific cures, at least a large number of cases, and it becomes the rage of the season. But in other seasons the type assumes a different character, and the specific of the past seasons does not cure and so falls into disrepute. Ipecac. was at one time thought to be a great remedy for intermittent fever. It has now, however, been quite out of favor. It is to be wondered at that this sort of experience does not lead to any serious thought amongst the Allopaths. Homœopaths also use Ipecac. in intermittent fever, but it is only in a certain type that it is known to be applicable. It can cure individual cases of such fever, but not indiscriminately all cases. In fact, it can only cure the very sort of intermittent fever which it can produce when taken in health. In the Old School, Quinine is the general favorite, if it fails, other medicines are resorted to without any discrimina-

tion. We Homœopaths only know that the very medicine, which covers the totality of the symptoms, can alone cure, i. e., the medicine which can produce the symptoms of the individual case. Allopaths now admit that even Quinine cannot cure indiscriminately all cases of intermittent fever as was sanguinely hoped by some.

So it is now an established fact that each class of diseases, however strictly defined by Nosology, contains an endless varieties of species, which cannot be found under any of the heads belonging to our ordinary classifications. A specific can only be found out for each species of the disease and not for the whole disease. When we come to the region of Pharmacodynamic agents, we see that each drug of a certain class can produce only a particular kind of the disease for which this same class is suitable. Let us take again, for example, a case of Cholera. Although every layman knows in what Cholera essentially consists, yet for the purpose of treatment such knowledge can never afford us any material help. There are cases characterized by the predominance of spasms, cholera spasmodica; cases characterized by symptoms of collapse from the very beginning, cholera algida, &c. The Old School, which has no light of provings to guide it, is in search of a specific for the general pathological type, irrespective of the several species that it consists of. We Homœopaths, however, know that such a search can only end in disappointment. From the light which our provings of drugs afford, we know that each cholera medicine also has a peculiarity of its own; that each type of the disease as it occurs in Nature has its corresponding type among the diseases produced by drugs. Cuprum is a drug which corresponds with the spasmodic variety of the disease, and Arsenic with the algide form; so Cuprum can be used in the spasmodic form alone and Arsenic in the other. Their indiscriminate use can never afford us any help whatever.

[Communicated.]

HOMŒOPATHY IN SURGERY.

The practice of physic has occupied an advanced and prominent position in the Homœopathic healing art. It is not too much to say, that if progress goes on at this rate, the time will be near when we shall see chaos replaced by order and Medicine raised to the status of Science. In place of the darkness and obscurity which envelop the subject of Medicine, the truth of Homœopathy is destined to shine forth in meridian splendour. We profess to have acquired true modes of finding out the right medicines, the laws governing the relation between disease and its remedial measures, and to have got the mariner's compass to enable us to steer our vessels clear of rocks. The *Materia Medica,* though not perfect, is yet sufficient for all practical purposes of combating diseases in all their complications and sequelæ. But we do not generally pay so much attention to specialities. In this direction our energy is not so well directed as among the practitioners of the Old School. It is for this reason, that we often hear very disagreeable tales of professional jealousy and trades-unionism. Here, the Homœopathic physicians are in need of help from their Allopathic brethren, who now find opportunity of showing their malicious feelings and many a time they actually give vent to it. We frequently witness, with a sense of deep regret, the medical men—the members of an honorable profession, totally forgetting the rules of etiquette and gentlemanly behaviour and committing acts quite unworthy of their position. It is for this want of special knowledge in some branches of study that we cannot sufficiently advance the cause of Homœopathy. For instance, a case of Cataract comes to our hand and where operative procedure is required, there being want of a qualified Ophthalmic Surgeon, we cannot venture to do anything for the patient. This state prevails among the Homœopaths both here and to a great extent in England. But fortunately there is no lack of specialists in America.

There are surgeons, accoucheurs, dentists, ophthalmologists and some other specialists as competent as any in the Old School. They can perform the most difficult operations, treat surgically almost incurable cases with comparative ease, and also have a complete mastery of the vast field of Gynœological Science. Now we believe our English Homœopathists are alive to this fact and they should direct their attention to the better appreciation of surgery and some other branches of medicine. We shall devote a few lines to this important subject of Homœopathy in Surgery.

There is no clear line of demarcation between the domains of Medicine and Surgery. The one merges into the other. Homœopathic physicians, at the present day, are endeavouring to enrich the province of Surgery. We shall by and bye show that many diseases, which were considered incurable by medicines, many limbs, which were pronounced to be fit for removal from the body owing to some diseases, are now treated and cured by the judicious application of medicinal agents. Even the definition of Surgery is altered. It was formerly believed that all diseases or diseased conditions which require manual interference should be classed as Surgical. Such diseases as tumors, both benign and malignant, abscesses, carbuncles, osseous diseases, even stones and gravels, all require mechanical means and appliances for their cure. At the present day we do not necessarily look upon these as hopeless under medical treatment. Many of them are curable and others only have palliation from the administration of Homœopathic drugs. We do not mean to say that the mechanical treatments are unavailing or useless, and that the operative procedure is to be abandoned altogether; all we desire to inculcate here is that by judicious and careful selection of medicines for internal use, we can sometimes restore health and annihilate maladies. On the other hand, there are states of ill health which have been considered, from time out of memory, as Surgical, but which, we now come to observe, can not be eradicated without the administration of dynamic medicines. Such for instance, as, syphilis and its ramifications, Scrofula,

and the like. Here our efforts should be directed towards the root of these evils which are evidently beyond the reach of mechanical means. On the other hand, there are cases, which, absolutely require mechanical appliances. Homœopathy does not repudiate this practice. In such cases, besides ordinary surgical treatment, which is entirely manual or instrumental, the new system of Hahnemann enjoins internal curative measures as an adjunct. For instance, in cases of fracture of the osseous structures, splints, bandages and the like, are absolutely required to give the injured parts perfect rest and to place the patient in as comfortable a position as possible. In this way generally such patients are cured and their sufferings mitigated. If a Homœopathic physician is called on to undertake the treatment of a case like this, he will, no doubt, avail himself of these appliances, and in addition administer something internal in the shape of a dynamic medicine which has the power of hastening the union of the fragments of the fractured bone. Such are the advantages of Homœopathy over the ordinary old system of treatment. If an Allopathic physician take two months to restore his patients to health, a follower of the new system will do it in about half that time. It is our pride, and especial advantage, to witness the marvellous power of our medicines. In cases of morbid growths the same remarks apply. A patient with a fibroad 'tumor in his neck, is presented for help. An ordinary surgeon of the Old School at once suggests the removal of the whole mass by the knife, there being no other alternative left for him. As a disciple of Hahnemann we can, at least, attempt to do without the help of an instrument, and often we succeed in our endeavours. We are not speaking out of a blind adhesion to the new system, but from practical experience. Cures ike these have been achieved and reported in the journals by several physicians and surgeons of good repute. The Old School authorities may verify and perform such wonderful cures, [illegible] like, provided they deign to administer Homœopathic [illegible]ies. Instances of these kinds may be multiplied, but there is scarcely any necessity for it.

In this country, there is a prevalent opinion, that Homœopathic doctors cannot treat Surgical cases, nor can they undertake to perform any operations. Some believe that such instrumental help is not required in the new system of medicine. They can treat Surgical cases with medicines only. Under this belief, a great deal of ridicule is cast on the system and its followers. Our duty, therefore, is to dissipate the false notions that are cherished from long times. The business of a Surgeon as an operator, in handling instruments and other mechanical appliances, is alike in both schools. They have, both to amputate and extract stones, to resect and trephine, but one is *conservative*, and the other *audacious*. In Surgery, boldness is an exquisite qualification, but audacity should find no place in it; conservatism is pre-eminently valuable. In dealing with the life of a human being, the Surgeon should take special care and attention to weigh minutely and skilfully all the advantages, disadvantages and dangers likely to accrue from the proceeding he is to undertake.

One of the chief causes of our inexpertness in the management of surgical cases, is the want of public institutions in India, where Homœopathic treatment is systematically carried on. It is very difficult to get a thorough training in medical science from private practice alone. Besides, the number of qualified practitioners is not very large. Surely, this small band has accomplished a great deal in advancing the cause of Homœopathy in purely medical cases. There are very able physicians among us, who have already revolutionized the medical world in this country, but we are sorry few of them are able surgeons or accoucheurs. We have certainly no cause of being disheartened on this account. If we persevere in our attempt to improve the status of Homœopathy in this country, we shall be able in a few days to find that difficulties will gradually lessen, and we shall be able to treat almost any case by Homœopathy alone. From our own limited experience, we can show how often surgical cases are managed beautifully with Homœopathic medi-

cines. We have other records, but at present we insert the following case to prove the truth of our assertion.

Abstract of a Clinical Case under the care of P. C. Majumdar, L. M. S.

1. A married lady had been suffering from pain in the abdomen for about three months which was not taken notice of at the commencement. From October 1880, she perceived something hard like a walnut in the umbilical region. This caused great pain and she required medical help. Dr. J. Bose was consulted and medicines administered without any effect. The tumor gradually increased and assumed the size of an orange. The pains were insufferable, chloral and other hypnotic medicines were given to no effect. It was decided that an operation should be performed, and Dr. Charles should have to do it. But by the importunities of friends, Homœopathic medicines were decided upon. I was called on. On examining the mass it was found to be a large orange-like body unconnected with the parieties of the abdomen. It was movable but there was some attachment either in the peritonium or some other areolor tissue in the abdominal cavity. It was situated in the right hypochondriac region just below the left lobe of the liver. Though there could be no positive diagnosis about the nature of the tumor, still it was unanimously decided to be some sort of tumor (not feacal matter and the like) in the abdomen. I strongly think it was a fibroid mass. However, the operation was not performed, and I began, on the 4th of November 1880, by giving *Calc. carb.* 12, one dose twice a week.

After three days I had a consultation with an eminent Homœopathic physician of this town. It was resolved to try a higher dilution and the dose to be repeated at a longer interval. So that on the 15th November, we gave her a dose of *Calc. carb.* 30, and repeated one dose in the week; but she was ordered a dose of *Sac. lac.* every day. The improvement was very marked. A friend of the patient's, an Assistant-Surgeon, watched the case from the beginning. In a week he declared

that the mass was reduced to half its size. The same prescription continued for about two months in the same way; and, to our surprise, we found there was no vestige of the tumor left. The patient gains flesh now and is perfectly cured. I saw her in December 1881.

THERAPEUTICS OF SOME MEDICINES ACTING UPON THE URINARY AND SEXUAL ORGANS.

URETHRA; GENITAL ORGANS.

Urethra contracted, urine passes in a thin stream.

Inflammation of urethra, even gangrene.

Glans swollen, painful. Meatus very red.

Prepuce hot, red, tumefied, with phimosis.

Pruritus glandis penis; ardor urinæ.

White, watery urethral discharge, as in gonorrhœa; particularly when there is violent inflammation, terribly painful erections, and involvement of the neck of the bladder.

Strong and persistent erections, painless, and without voluptuous sensation. Erections at night, with contractions and sore pain in the whole urethra.

Satyriasis.

Burning in the excretory ducts of the vesiculæ seminales, during and after coition.

Drawing pain in the spermatic cord while urinating.

Seminal emissions caused by irritation of prepuce, urethra, or seminal vesicles.

Self-abuse; partially blind after emissions, shivering, cannot sleep. Genitals cold, relaxed. Ringing in the ears, palpitation, cold sweat; despondent, stupid; suddenly dizzy and faint, various colored objects float before him.

Prostatitis following gonorrhœa, other symptoms agreeing.

Blood is discharged instead of semen.

Sterility.

Abortion, especially with bladder symptoms. Retained after birth.

Menses early, profuse, black; nausea and colic.

Membranous dysmenorrhœa, especially in the sterile.

Tenderness and burning in the ovary; stitches, which arrest the breathing; pinching, or bearing towards genitals; also after suppressed gonorrhœa.

Burning in the uterine region; coexisting peritonitis over uterus and bladder. Ulceration, with coldness, patient lies unconscious, with arms stretched out along the body, interrupted by sudden screams and convulsions.

Purulent discharge from the womb, burning and soreness; gums spongy.

Swelling of the neck of the uterus; burning in the bladder abdominal pains; vomiting, hot fever.

Bloody mucus from the vagina after urinating.

Burning in the vulva, itching; swelling.

Pruritus vaginæ, exciting strong sexual desire; rubbing causes little tumors.

Related Remedies.—CANTHARIS is not a remedy for gonorrhœa, unless the violence of the symptoms demands it; or, the bladder or ovaries are involved.

Its sexual excitement we have already discussed. We have found this remedy eminently serviceable in seminal emissions, when the vesiculæ or the urethral tract is irritated, whether from self-abuse or not. It suits some of the cases which Lallemand so graphically describes, and for which he cauterizes the prostatic urethra. It ought to be a valuable preventive of neurasthenia, reflex from genital irritation.

Dr. O. B. Gause finds Cantharis° frequently useful in aiding the expulsion of the placenta. Others have failed with it. It has, however, an undoubted power to contract the uterus, and must be the remedy in some cases. This same property renders the drug of use in impending abortion, especially if depending upon inflammatory irritation of the pelvic viscera.

CANTHARIS is far preferable to the vaunted Caladium in pruritus vulvæ—so potent a cause of masturbation.

In affections of the urethra, compare the following:

CANN. SAT., more important in gonorrhœa, with thin discharge, smarting burning on urinating; glans dark red, swollen; chordee; biting at the orifice of the urethra. Less cutting.

ARG. NITRICUM follows Cannabis when the discharge becomes purulent; urethra feels sore and swollen.

MERC. SOL. and CORROS. follow when the discharge becomes worse at night, and is green and purulent. The latter causes more violent tenesmus, burning and swelling, hence like CANTHARIS. The meatus, too, is very red. MERC. SOL., has more burning between micturitions than CANTHARIS.

CAPSICUM is required when the discharge is thick, creamy; stitches between micturitions, fine stinging in the meatus urinarius.

SULPHUR helps to remove remnants. In chordee, CANTHARIS compares with: CANN. SAT., CANN. IND., and *Mygale.* The latter has several times removed the symptoms.

Petroselinum is similar to the Spanish fly, since it attacks the neck of the bladder and urethra. It is an excellent intercurrent when the patient is frequently and suddenly seized with an irresistible desire to urinate. "First cases" of gonorrhœa, when the inflammation develops stricture, compare CLEMATIS: has to wait for urine to come; interrupted stream; urine bites and burns; worse on beginning to urinate; contracted urethra—all similar to CANTHARIS. The latter, however, has more symptoms just after urinating.

Conium may be needed. Its characteristic here is, flow of urine suddenly stops and continues again after a short interruption.

Copaiva and *Cubeba* are so abused that we are too apt to neglect them; or are called upon to antidote their misuse. The former causes urethritis; burning in the neck of the bladder and in the urethra; milky, corrosive discharge; orifice of urethra tumid, inflamed, sore as if wounded; nettlerash. The latter causes cutting and constriction after micturition; mucous

secretion. Both are useful in the irritation attending thickening of the lining membrane of the bladder (Senega).

Neither acts as violently as CANTHARIS.

THUJA has continued desire to urinate; wants to pass water, but feels as if a tape was hindering. Violent urging, passes only a few bloody drops; if these do not pass, there is intense itching. Burning in the urethra; dark-red itching pimples. Stitches from rectum to bladder. Stitches in the urethra with urging to urinate. Feels as if drops were trickling down the urethra after micturition.

Thin, green, urethral discharge. Warty excrescences.

Nightly painful erections, preventing sleep.

In CANTHARIS, the erections prevent urination; not so in THUJA. Moreover, the symptoms of the latter are those of continued or oft-repeated gonorrhœa.

The essential symptoms of gonorrhœal prostatitis are rectal tenesmus, deep perineal pains, dysuria, retained urine; cutting at beginning of urination, the pain descending the urethra to a point just above the external meatus; urine spirts out, or slowly drops; scalding and cutting at the close of urination.

CANTHARIS is needed, as are also THUJA, Chimaphila, *Digitalis*, PULSAT., CAUSTICUM. The latter has perineal pulsation; after a few drops pass, pain in urethra, bladder, and spasms in the rectum, with renewed desire.

Merc. corros. similar to CANTH., with intense burning; urine full of mucus.

PULSATILLA causes spasmodic pains after micturition, extending from bladder to pelvis and thighs; flattened stools.

THUJA is often the remedy; stitches from rectum to bladder.

Cannabis, urine filled with thready mucus, etc.

In frequent seminal emissions, compare CANTHARIS with *Camphor*, *Nux vom.*, *Sulph.*, *Merc.*, *Cann.*, *Ledum* (the last three with bloody emissions).

Staphisagria is somewhat similar in prostatic and urethral irritation, as is also CANNABIS SAT.

If a child continually pulls at the penis, it may be caused by local irritation. CANTHARIS, *Merc. sol.*

Petroleum and *Sulphur* suit when the skin about the genitals is pimply; though if the itching is intense (especially with painful urination), CANTHARIS is needed; or, CROTON TIG. (worse at night); MEZEREUM, Clematis, Cinnab. (red spots), *Mercur. sol.*, *Cann. sat.* (red spots), RHUS TOX. (eczema), *Thuja* (alternating with stinging at anus).

Cases from Practice.

BY P. C. MAJUMDAR, L. M. S.

CASE 1.—Babu G. D. S., æt 35, male. 27th May, 1881. Had an attack of malarious fever three years ago. Took an enormous quantity of Quinine and was cured. Subsequently, he had several paroxysms, during an interval of six months, after that, he had been treated by a *Kabiraj*. He came to Calcutta and placed himself under the care of a renowned Allopathic physician. He had, this time, as usual Quinine, iron and blister over both the hypochondriac regions, for there was an enlargement of liver and spleen, without any very marked improvement. He was suffering from headache, chronic intermittent fever and other concomitants of malarious fever. The fever gradually increased and he was laid up in bed. The treatment continued with vigor for about a period of two months. There was no amelioration of his condition, the patient ultimately came to my care on the 27th May, 1881.

The present conditions:—Body emaciated and anœmic; fever came on daily about noon, with slight chilliness, and thirst, then heat, very distressing headache, thirst continued throughout, loathing for food, and at last profuse sweat in the evening.

Liver enlarged and tender, no perceptible enlargement of spleen; urine high colored; the patient states that his urine was never of natural color since the attack. There was no diarrhea, stool natural. I prescribed *natrum. mur.* 30. four doses for two days.

30th May. Fever abated a great deal; no thirst or chilliness, but there was slight heat at 4 or 5 P. M.

Puls. 6. twice daily.

2nd June. No improvement, burning of the eyes, no thirst.

Puls. 30. for two days.

4th. Not better. Bowels constipated, Liver enlarged, *Nux vom.* 30. one dose.

5th. The same, except some improvement about the alvine evacuations. Very slight fever at night. Continue *Nux vom.* 30.

8th. No better, burning of the hands, feet and eyes in the evening, no perceptible fever, one dose of *Nux vom.* 12. and then no medicine for three days. The patient came to report after three days that he had no other complaints except that burning sensation, his urine all along the same high colored. His belief is, as long as the urine remains in this condition, he would not be cured.

12th. I gave him one dose of *Chelidonium maj.* 3. every day and report in a week. This medicine produced in him a very good effect. After the appointed time, the patient came to me and said, "Doctor I am sure, this is the medicine for me." His burning less, digestion improved, bowels regular. I gave him two doses of *Sac lac.* and then report in a week. No further improvement, conditions the same. I tried a higher dilution, *i. e.*, the 12th *Chelid. m.* One dose a day for four days. After this period I examined him thoroughly and found him much better. Liver much about the natural size, face reddish, no heat in the afternoon or night, the color of the urine is about the natural. The patient wanted a phial of the medicine from me as he said this will cure him in a few days more. I could not comply with his request, thinking, he would take a large quantity

of medicine, which I thought was not required in his case. I gave him ahalf-a-dozen powders, *Chelid. maj.* 12 with a direction to take one powder on alternate days. Thus, in the course of a month more, he is in perfect heaeth.

He came to me about a week ago, *i. e.*, on the beginning of January 1882, changed to a quite new man.

CARBOLIC ACID ACCIDENT CASE.

By B. L. Bhadhuri, L. M. S.

CASE 2.—Babu ———'s daughter, aged three years, took on the 15th January 1882, about two drachms of strong Carbolic Acid, mistaking it for honey. Her mother was sitting at the time in the *veranda* where the child ran still with the phial in her grasp. She was very much bewildered and unteady, there was a white mark on her lower lip, which was taken by the mother to have been caused by *Chunam.* The girl was unable to speak and the mother noticed a choking sort of respiration. She was immediately taken up by the mother,who imagined she had taken a large quantity of *Chunam,* from the white mark on her lower lip. On hearing the noise the father of the child hastened at the scene and was instantly struck with the real nature of the case. He snatched the phial, which was still in the grasp of the child, and in so doing a little of the acid was sprinkled on his own body. He was not aware of the extent of the danger, yet he sent for a medical man from the nearest druggists shop. The child now looked calm and quiet and her eyes looked drooping: her neck gave way and she became insensible. She took the poison at about 9 A. M., and it was only five minutes after that she lost her senses.

10 A. M. The child lying on her back perfectly insensible; face very pale, eyes half closed, pupils contracted, pulse rather frequent, soft and compressible, the lower lip was blackned and blistered (so was the part of the father's back where the acid was sprinkled) almost breathless, only a hiccup like sound was heard

during the inspiratory effort, temperature of the body a little lower than normal.

Artificial respiration was resorted to and warm milk injected through a gum elastic tube which was shoved into the cavity of the stomach; a little olive oil was poured into the nostrils. Acid Carbolic was distinctly visible in the milk which came out on pressing the stomach: After about two hour's, Artificial Respiration, the breathing considerably improved.

1 P. M. Child yet lying on her back, comatous, pulse very frequent, small; skin of the extremities cold; wheezing and labored breathing; cannot swallow any milk, so a little of it with about half a drachm of Vin. Gallici was injected into the rectum; hot bottles to the hands and feet.

4 P. M. Pulse very frequent and small; breathing labored and wheezing; skin feverish, eyeballs roll in their sockets on being touched with the fingers; no signs of reviving consciousness, no stool or urine; has just now swallowed a little warm milk.

8 P. M. Pulse yet frequent and small, breathing same as before; has taken a little warm milk, but with much difficulty. Child has been crying at times and at times only groaning passed one stool just now, yellow and soft; pulse very frequent and small.

The breathing became more and more short and hurried and the child breathed her last at 9¼ P. M.

MERC. SOL. 6TH CENTESIMAL IN TYPHLITES.

CASE 3, Merc. Sol. 6th centesimal in Typhlites.—Babu ———, aged 26 years. Says that four days ago had a griping sort of pain while at stool; he bathed and took his usual meal; about an hour after he felt the pain again in the region of the Cœcum; it was more intense than the previous attack.

The pain was of a paroxysmal nature and came on with great intensity. The part became hard and swollen gradually.

The swelling is now very tender on pressure. Nux Vomica and Chamomilla. were tried, but to no purpose. Fever also appeared along with the swelling, and on the first day the Temperature rose to 103° F. Aconite 1st was given yesterday which brought down the Temperature to 101° F. The patient had typhlites last year, October 1881.

The swelling on the region of the Cœcum is very hard and tender, the part is also very hot, tongue furred with a white coating in the centre and reddish at the tip and margins; excessive secretion of saliva. Temperature on the axilla 100° F. No stool since day before yesterday; thirst,—wants to drink cold water.

Mer. sol. 6th twice daily.

5½ P. M. In my absence, another medical man (a friend) called, who diagnosed the case as one of simple colic and prescribed Lycop. 30, and advised the rubbing of butter over the affected part. For five days the patient was under his charge and several medicines were tried, such as, Colocynth, Puls; &c., which did not prove of least avail. On the 8th, a third practitioner was consulted, who prescribed Merc. sol. 12, morning and evening. In two days the patient was nearly all right when a dose of Sulphur every day was prescribed, which completed the cure.

The patient is a girl of about five years old, has got a large swelling in the region of the Cœcum. The patient is very restless and has got very high fever. The affected part cannot be properly examined on account of a blister produced by Liqr. Ammonia. Fort. Morphia Hyodro has been dusted over the blistered surface.

Belladona 3., every three hours.

3rd. The patient is much the same. On careful examination, the case appeared to be one of typhlites.

Mercur. sol. 6th, twice daily.

4th. The patient is nearly all right, the swelling is much reduced and less tender.

The father of the child says that, after the 2nd dose the fever subsided, and after the third the patient sat up in her bed and wanted to eat; she has had good sleep at night, and can walk without much difficulty.

Continue medicine, only twice a day.

After three days, the patient was all right.

The third case was that of a Oorya bearer about 50 years old. I at first gave him Merc. sol. 3rd Trituration decimal, three times a day. The next day the swelling was found to have increased and very painful and hard; the fever was also much aggravated. Merc. sol. 6th centl. was given. The next day I received a letter from the patient's master, an American gentleman and one of the leading merchants of the city. He wrote that after the second dose the patient, who was almost helpless in the morning, got up and walked without much pains. Within three or four days, the swelling was almost gone. One dose of Sulphur completed the cure.

The fourth case was a young man, about 20 years old, had an abscess on the thigh which was opened by a Surgeon. He was gradually improving, but all on a sudden one day the part swelled and became more painful. Along with this a swelling also appeared in the region of the Cœcum which was very tender on pressure. Merc. sol. 6th and then Sulphur brought on a perfect cure in about a week.

We remember to have seen another case that of a boy of four years old. He was treated Allopathically from the beginning. Administration of Colomel brought on so much aggravation, that the case terminated fatally.

[*N. B.*—In all the above four cases, Merc. sol. acted like a charm and the effect was prompt and steady. In the third case, 3rd decimal brought on a severe aggravation, but 6th centesimal gave almost instantaneous relief. In the first case, 12th centesimal, no doubt, did good, but I believe the action of the 6th centesimal in such cases is more prompt.]

Correspondence.

HOMŒOPATHIC CHARITABLE DISPENSARY AT BELGHORIA.

To the Editor of the "*Indian Homœopathic Review.*"

SIR,—All interested in Homœopathy have already been informed by a Correspondence, headed "Progress of Homœopathy in India," which appeared in the November number of the *Homœopathic World* how under the circumstances therein mentioned this Charitable Dispensary has recently been established by and maintained solely at the cost of Babu Behari Lal Pyne of Colootolla, Calcutta. It is unnecessary for me to relate the circumstances here, but as the friends and well-wishers of this Charitable Institution would, no doubt, be glad to hear of its further progress, I think your esteemed journal would be the best medium of giving them information regarding the same. It, therefore, affords me much pleasure to subjoin, with your permission, an extract from the Statistical Report, shewing the number of patients admitted, cured, and discharged, since this

Dispensary was opened to the public, *viz.*, from 5th September to 31st December 1881, as follows :—

Total number of patients registered, is 743, of which 602 were cured and discharged, 109 did not attend more than once or twice, and 32 are under treatment. Daily average of attendance, including old patients, is 15. Of the above number 441 were cases of marshy and malarious fever almost all of which were cured by *Ars.* 3rd trituration.

I may take this opportunity to express, on behalf of the proprietor and founder of this Charitable Dispensary, his thanks to Dr. P. C. Dutt, Honorary Superintendent, for his valuable services and for the interest taken by him in furthering the object of the institution.

Yours, &c.,
HARISH C. SANYAL,
Homœo. Practitioner in charge of Belghoria Charitable Dispensary.

BELGHORIA,
The 28th January, 1882.

NOTICES TO CORRESPONDENTS.

Communications from Baboo C. S. Kali, L. M. S., of Pubna, and Baboo S. C. Paul, of Santipore, for insertion in our next.

ACKNOWLEDGMENTS.

We beg to acknowledge, with thanks, the receipt of the following :—

Calcutta Journal of Medicine, edited by Dr. M. L. Sircar, M. D., January, 1882.

A Homœopathic Bengali *brochure* on Cholera, printed at the G. P. Roy & Co's., Press. Price 8 annas.

J. N. GHOSE, Presidency Press, Calcutta.



THE

INDIAN HOMŒOPATHIC REVIEW

Vol. I.] MARCH, 1882. [No. 3.

ILL BIRDS IN THE HOMŒOPATHIC NEST.

We are indebted to a brother Homœopath for the following beautiful expression of a noble sentiment :—" Strangely enough, Homœopathy has need to be protected not only from the attacks of the enemy without, but also from corruption from within." As ill luck would have it, no sooner was the observation made than it was justified by facts. While the Royal College of Physicians in England has been hurling anathemas on the devoted heads of Homœopaths, " corruption from within" has been manifesting itself in India. We happened to say recently that we committed ourselves unreservedly to the method of Hahnemann and were prepared to stand or fall by it. We have been politely told that he is no physician who with " audacious impudence commits himself to the fancied finality of a method or law, and recklessly resolves to stand or fall by it." Furthermore, for our unqualified adhesion to the Homœopathic method, we have been charged with bigotry, with exclusiveness. Lastly, we have been treated to a few general propositions in science which by reason of their novelty deserve to be brought to the notice of our readers. They are these :

1. That Homœopathy is a system which by reason of its present incomplete state is ineffectual in the treatment of particular cases, and which is also *inherently* inapplicable to particular cases.

2. Failures under Homœopathic treatment take place; and cures under other systems also take place. These cures must be

attributed to the fact of a different method of drug action from that which Homœopathy recognises.

3. No law is more universal than gravitation, but the astronomer who would attempt to explain all astronomical phenomena by gravitation alone to the exclusion of other laws would be disappointed.

4. The maintenance of the equilibrium of animal organisms is effected by the action and interaction of all the forces with which we are acquainted, each of which is governed by laws peculiar to itself. All these forces are subordinated by a superior force called the vital force.

5. He alone is the true physician who frees men from diseases, for according to Hahnemann himself, the physician's "high and only mission is to restore the sick to health."

We propose to consider in detail every one of these propositions so authoritatively laid down, for it is high time that confusion of ideas on the subject of Homœopathy should be removed and all "corruption from within" promptly checked.

1. Homœopathy is not essentially a system. "Homœopathy is a method; and it is the method of Hahnemann." "It is a method,—a mode of treating disease: this, and nothing more. It is not a doctrine or a system, a successor of those ambitious but unsubstantial structures of the past which Hahnemann himself so justly decries. It is not founded upon any theory either of health or disease." (Dr. Hughes) That the Homœopathic Materia Medica is as yet imperfect may be granted. But we are not prepared to admit except upon the clearest proof that the method is inherently inapplicable to particular cases. It is difficult to conceive what is exactly meant by a method being inapplicable to a case. It may be that a case presents such complications that the method cannot be successfully employed; for one cannot always discover the true Homœopathic remedy. But that does not prove the futility of the method. If it has been found as a matter of fact that some diseases or some classes of disease or some stages of some diseases can only be removed by

medicines selected on the *contraria contrariis* principle, we should very much like to know what these diseases and these medicines are. Until the discovery is made we are bound to stand by the method of Hahnemann. What is the use of "dithyrambic hypotheses and evasive tropes?" Why launch into declamation? Why not plainly tell us—"These diseases can never be successfully treated according to the Homœopathic method. Their true remedies are these, selected on the opposite principle. Satisfy yourselves by experiment, if it is not so." Then we should have some clear light to go by. But to tell us that the light of the noon-day sun is delusive and that we must abandon it for the sake of a better light, and then to plunge us into utter darkness is hardly fair. Which man in his senses will cease to believe in an established law, because possibly it *may* not be universally true or there *may* be some higher law which will swallow it up? Point out to us the exceptions to the present law, reveal to us a higher law and call us idiots if we then persist in the old faith. But being convinced of the truth of a generalization, we may be pardoned for believing in it and acting upon it until it is demonstrated that the so-called truth is after all no truth at all or at best a partial one. It shows intellectual weakness as well as moral perversity to renounce a law upon the mere suspicion that the law may some day turn out to be a fragment of a higher law The conceit is unpardonable which withholds credit from the discoverer of a law on the ground that it may not possibly be the widest generalization attainable; and it must be a poor intellect which without being able to seize on any thing definite rests content with dim visions of possible discoveries. The ground we have acquired we must keep and its limit we must regard as the most advanced point until a fresh advance is actually made.

2. Without giving concrete cases of cure, it is idle to talk of cures being effected according to a particular mode of drug action. We can say nothing about the mode of action of a drug whose name is not given and where the circumstances under which it is administered are not given. But granting that drug action in

certain cases conforms to the *contraria contrariis* principle. how does that fact affect the position of the Homœopaths? Not in the least. It betrays an utter ignorance of Homœopathy to say that a special mode of drug-action is recognised by Homœopaths and that as soon as a different mode is observed to exist, Homœopathy is refuted. "Homœopathy, strictly speaking has no concern with the *modus operandi* of drugs. It relates simply to a principle or method of selection in prescribing. Whatever views we may hold as to the action of drugs when once introduced into the body, if we select as our medicines such as are similar in their effects upon the healthy body to those of the disease we desire to cure, we practise Homœopathy...... The mode in which a drug acts is very much a matter of speculation, doubtless very interesting and very useful so far as it goes. But a method of drug selection is a *fact*; one capable of demonstration, without any theorising, without any speculation. Hahnemann's idea of the mode in which a Homœopathic remedy acted was doubtless erroneous, certainly it was unsubstantial,—but when he prescribed Homœopathically, selecting his medicine on the ground of the similarity of its effects to those of the disease, the results were as fruitful as though his theory of its mode of operating had been true to the letter.

"Whether, then, as is probable enough, the homœopathically selected medicine act on the principle of contraries or not, if it is chosen on that of similars, the whole idea of Homœopathy is fulfilled." (Dr. A. C. Pope. See *Monthly Homœopathic Review* for February, 1882.)

3. We have never heard of degrees of universality, nor do we see how any proposition which is not universally true can be called a law. Nothing is gained by describing the law of gravitation as a universal law; and that it is more universal than other laws is an unmeaning proposition. What constitutes the superiority of the law of gravitation to other mechanical laws is the fact that it is, so far as our knowledge extends, an *ultimate* law. It cannot be reduced to a simpler formula, nor can

it be proved to be included in a higher law. The laws of planetary motion are universally true ; otherwise, they would not be laws. But they are not ultimate laws, for they have been proved to be particular cases of the law of gravitation. The minor generalizations have been explained by and included in the wider generalization. This last is the highest generalization yet reached. It has not been reduced to anything simpler nor merged in any thing larger. Therefore, it is ultimate. But it is not therefore the only law that exists. The universe is not governed by a law but by laws. The law of gravitation will not explain why fire burns, or like recalls like, or quinine cures fever. No one would dream of stating that optical phenomena can be explained by the laws of hydrostatics or that chemical phenomena can be explained by the laws of political economy. The phenomena presented by the heavenly bodies are as complex as terrestrial phenomena, and they are governed not only by the law of gravitation which is the highest mechanical law, but by all the other physical laws that exist. We are not aware that the law of gravitation is subject to exceptions. But if there were exceptions, any statement of the law would not be correct which did not take note of the exceptions. If the law was correct only under certain conditions, it should be so stated as to make its conditional character apparent. If one were to state generally that a body projected describes a parabold, it would be an incomplete statement of the law. But when the law lays down distinctly the circumstances under which the proposition is correct, what is there to be said against it? As soon as exceptions to a law or the conditions of its working are discovered, the statement of the law is incomplete without the exceptions and the conditions. To take the case of Homœopathy. It is a law. If it has exceptions and conditions, let us state them by all means. Otherwise, we run the risk of discrediting whatever of truth there is in it. But if it is true without exception and without condition, why should we not state it in the most absolute and unqualified way? Further-

more, the law being in the main established, the burden of proof is on him who avers that it is subject to exceptions and conditions. So long as these are not discovered, we are justified in accepting the law unreservedly. Let us not discard proved truth upon mere suspicion of its incompleteness. Of course the law of similars will not explain an eclipse or the phenomena of polarization of light. But in the selection of medicines we are bound to accept it and act upon it until we discover the limits of its applicability. Who has pointed out to us those limits?

4. We should very much like to know which Biologist of modern times theorizes about a vital force? Is it Comte or Spencer or Huxley or Darwin? It would appear that this vital force is a "superior force" to "all the forces with which we are acquainted." Ergo, it is something with which we are unacquainted. In the name of common sense, what right have we to speak of a thing which on our own showing we know nothing about? Does Science mean conjecture? And what is the character of the precious entity of which we predicate the existence? What evidence is there of its existence? What law is it governed by? What phenomena does it explain? We had thought that the age of metaphysical abstractions was gone and that we lived in times when the positive method of inquiry was in vogue. It would appear as if we are going back to the days of the neo-platonists. Unless we are greatly mistaken, physicists do not regard force as a metaphysical entity, but only study its effects as manifested in motion or arrest of motion and endeavour to discover from its phenomenal manifestations the laws it obeys. Hahnemann may be pardoned for indulgence in a little metaphysical speculation and conjuring up fictitious entities, but one writing in the latter part of the nineteenth century has no possible excuse for renouncing scientific methods of inquiry and taking leaps in the dark in pursuit of phantoms.

5. The definition of 'physician' here given amounts to this: Whoever cures is a physician; whoever cannot cure is not a physician. Supposing a perfectly uneducated man had in empirical

fashion discovered a medicine for some particular disease, and could cure men of that disease, he would be a physician. All quacks are physicians, for do not quacks effect recoveries? Every body, in fact, is a physician, for every body knows something about the treatment of some disease. The street-boy is a physician, for he will tell us how to get rid of headache by applying *eau de Cologne* on the head. Then again, Sir William Jenner has no right to be called a physician for he cannot cure all his patients. Lastly, it must be borne in mind that all men are physicians as well as no-physicians. When they succeed in effecting cures they are physicians; when they fail they are no-physicians. We are afraid we are no good judges of such a highly scientific definition of the term 'physician.' We can only recommend it to the Royal College of Physicians to be considered at their next meeting.

Then follows this exquisite piece of reasoning. Because Hahnemann said that the physician's high and only mission is to restore the sick to health, it is inferred that he alone is the true physician who frees men from diseases. An analogy will make the matter clear. Because the sovereign's high and only mission is to do good to the people, therefore whoever does good to the people is a sovereign and no body else is one.

It is necessary that we should consider the matter carefully, for the naked quotation from Hahnemann is apt to mislead people. Hahnemann did not speak simply of effecting cure but of effecting a "rapid, gentle and permanent cure." Section II. of the Organon runs: "The perfection of a cure is *rapid, gentle and permanent* restoration of the health, or removal and annihilation of the disease in its whole extent, in the *shortest, safest, and most harmless way, on easily comprehensible principles.*" Which Homœopath can deny that apparent cures are effected every day by the Allopathic method? All that he says is that such cures are not rapid, gentle and permanent, and are not brought about in a rational way. In Section LIX of the Organon, Hahnemann refers to the action of coffee, opium, cantharides, purgative drugs, laxative salts, wine, electricity and mag-

netism and condemns their use. Why? Not because thy do not effect seeming cures every day, but because they do not effect rapid, gentle and permanent cures. Throughout the whole of the Organon, the words "rapid, gentle and permanent cure" or "rapid, radical and permanent cure" are the watchwords of Hahnemann's faith. It is no mere alleviation of suffering by mechanical means that he seeks to accomplish.

The Catholics in Medicine would do well to remember the points at issue. To effect a rapid, gentle and permanent cure being the admitted object, the question is, How is it to be achieved? Are medicines to be selected on the principle of similars or that of contraries? It is waste of rhetoric to speak of the fancied finality of a law, the whole question being, Is the finality fancied or real? It is nonsensical to regard, as antagonistic to each other, duty to patients and allegiance to method, for the question is, Is not the greatest amount of good done to patients by adopting the method? To say that it is not conscientious to treat patients according to a method that we firmly and honestly believe in, is to commit a gross solecism. The demands of a regulated conscience must be satisfied by the teachings of science and not by haphazard procedure. We are free to confess that we do not possess a conscience which throws our intellect off its balance and makes us resort to all sorts of nostrums at random. The application of our favorite method has never interfered with, but has always aided us in doing our duty manfully by our patients. In the hour of danger and distress we have gathered strength and courage from our "favorite method," and have always received from it material aid. We have found light from no other source, help from no other quarter. And we shall not give up an old and trusted guide at the solicitation of crotchet-mongers. It is all very well to talk of the imperfections of a system,—it is very easy to sneer at it—but where are the attempts to make it perfect? Reform is not accomplished by faint-hearted time-servers; and science does not yield her treasures to conceited, opinionated pedants.

In this connection we cannot help making a quotation from Dr. Bæhr, one of the greatest authorities on the subject of Homœopathy.

"We hear it said very frequently that more recently the views of Homœopaths and non-Homœopaths approximate to each other more and more. This can be admitted with great propriety, since all physicians simplify their prescriptions more and more, and some of them at least diminish their doses. Homœopathy cannot make any concessions if it means to remain what it is. Hence it is absurd to suppose that a physician can treat a patient homœopathically at one time or by some other method at some other time. A physician who pursues this course is either a mere beginner in Homœopathy or a common impostor. We do not mean to assert that we alone are able to achieve a cure; we admit that a cure may be wrought in some other way; what we claim for Homœopathy is, that it achieves at least as much as any other curative method, and in most cases assuredly more. Hence we are not under the necessity of seeking help elsewhere; all we require to do is to use earnestly and consistently what we possess. Of course our opponents will never admit this, but what matters it?"

HOMŒOPATHY, WHAT IT IS?

(Similia Similibus Curantur.)

We have said that medicines selected in accordance with this law effects the best of cures, *i. e*, rapid, gentle and permanent cure. But as to why they cure and how the process is brought about belong to the domain of speculation. The proof of the pudding lies in the eating of it, so the real proof of this law is to be found in the innumerable cures which are every day effected by its agency. But as the human mind loves to indulge in speculation, several theories have been put forward from time to time to solve the question. We have not sufficient space at our command to be able to enter into all of them in this paper,

but shall remain satisfied by inserting only the views which we believe to be true. Before, however, defining what this law is, it would be better to glance at the laws prevailing in the domain of medicine. Such an examination will help us to comprehend the real merits of Homœopathy, and will also enable us to form an opinion as regards its general validity.

The therapeutic methods of the ancient systems of medicine can be ranged in the following categories.

1. The cure of a disease by removing the cause that gives rise to it. When practicable this no doubt is the simplest and safest method, but unfortunately how small is the number of diseases whose causes we can ascertain with something like certainty, and among this small number how few diseases are there whose known causes we are able to remove! Experience, however, tells us that this treatment of causes can never aspire to universal validity. For even after the removal of the cause there is no certainty that the primary disease will be removed along with it. In many instances the disease acquires an independent existence and goes on as if the cause had not been removed. The removal of the bullet from a gunshot wound will scarcely cure the ulcer unless further means be adopted.

2. The cure of a disease by exciting an opposite condition in the system contrary to the natural malady, in other words, *Contraria Contrariis Curantur.* Ever since the time of Galen this law was thought to be the best guide-law in the treatment of diseases and at first sight it no doubt seems to be so. But at the bedside it has proved to be as abortive as theoretically it appears to possess all the requisites of a Guide Law. The old school clung to it with the pertinacity of Sindbad's oldman for a time, but now seems to have grown tired of it at last. We know that a force can be checked by another opposite to it in tendency and individual symptoms are amenable to its influence. In a case of fever we can certainly act upon the costiveness by means of a dose of castor oil, but who knows for certain that this removal of costiveness will help to remove the whole disease as well.

Nevertheless, diseases are sought to be cured in accordance with this maxim in most cases, but the cure is only apparent and not real, for, in the present state of the Materia Medica it is next to impossible to find out a contrarium for every disease. With thoughtful men this state of things cannot continue long and the inevitable reaction has at last come and come it has with vengeance. From their former state of pertinacity, physicians have now become indifferent. Cures are now thought to be only isolated phenomena not amenable to any law. Owing to this gross method of treatment, such irrational generalizations have been introduced in the Old School therapeutics, as we see them embodied in the history of any case of disease. Thus it is that the maxim *Contraria Contrariis* is not only defective and insufficient in the treatment of diseases, but it has become positively hurtful to Pathological science.

3. The cure of a disease by alterations excited in the non-affected organs or systems by artificial means,—the revulsive method. In this way Nature herself often seeks to remove a disease. This method of cure, however, is unreliable as we do not know with anything like certainty the connection in consequence of which one organ exerts a certain definite influence upon the other.

4. The cure of a disease by the chemical method of treatment. A certain organic constituent of the body was found either diminished or increased, and it was supposed that the disease could be counteracted by supplying deficiencies or by removing the excesss by neutralization or some other proceeding. This method, however, can only be applicable in a very small number of cases.

Each of the above methods is now known to be inapplicable in the majority of diseases. The coalescence of all in such a manner that one of them would help when the others left us in the lurch, might give rise to a system which will be tolerably perfect. But such a mutually completing process does not take place, and a considerable number of morbid affections remain against which we have to proceed upon the purest empiricism,

where every species of treatment is no better than a bold attempt at curing without any fixed principles whatever, except perhaps a few morbid conditions for which certain fixed remedies have been discovered that are designated as specific remedies without any apparent reason.

In opposition to these vague and imperfect methods stands the maxim of Hahnemann's at once clear, definite, and universal. Of course from the very nature of things the law of the healing art can never be absolutely perfect. It must be always subordinate to that Great Law of Nature,—Death. But under this limitation it is as comprehensive as could be desired.

The literature of Homœopathy is replete with attempts to explain the law of similarity from the time of Hahnemann down to the present time. We have said that our space does not allow us to enter into all of them, but shall satisfy ourselves by giving only the view which we believe to be true.

Hahnemann himself explains the Law by accepting a natural and an artificial disease, the latter of which being the stronger of the two annihilates the original disease. This view has, however, been now abandoned, because no body can prove that the artificial disease is the stronger.

Of all the explanations of the law of similarity that we have come across, the one by Wislecenus appears to us to be most consistent with reason. His view is also accepted in its entirety by Dr. Bæhr, and is expressed in his celebrated book in such a clear and concise manner that we cannot do better than quote it entire for the benefit of our readers. Before, however, proceeding with our subject we must promise with a few facts which will enable our readers to obtain a clear idea of this explanation.

It is now an admitted fact that all medicines have a double action—the first of which is called the action, and the second reaction. If we take a dose of castor oil in sufficient quantities, it will produce diarrhetic stools after a few hours, but after its primary action is exhausted a sort of costiveness is noticed for

the next two or three days. This purgation of the bowels is the action, and the costiveness—the reaction. The reaction is exactly opposite in tendency to that of thè action.

"Health depends in every organic being upon an inherent endeavour to preserve the equilibrium of its organic functions; this endeavour is designated by physiologists as an organic tendency of persistence, or as a physiological antagonism or as an organic power of reaction. By virtue of this reactive power, the organism equalizes the noxious influences acting upon it from without. As long as this equalization is continued regularly and imperceptibly we call the organism healthy. But if the disturbances are too powerful to be at once and imperceptibly conquered by the reactive force of the organism; in other words, to be equalized, we call the organism sick. In proportion as the struggle between these two factors is more or less violent, more or less extensive, we call the disease acute, sub-acute or chronic. The triumph of the reactive power over the disease is designated a cure, the triumph of the disease leads to death. If the transition to recovery or cure is marked by tumultuous phenomena, we designate it as a crisis; if the process of equalization is gradual, without any violent symptom we called it lysis. In so far as the organic reaction is engaged in a struggle with the disease, it is termed the vis medicatrix naturæ. Like any other organic activity it is based upon the nervous system, without which it cannot exist. But in as much as the disease is not a strange, something that becomes mixed up with the tissues; in as much as it is simply the consequence of a change in the reciprocal relations and functions of organs, disease can likewise not exist, without involving the nervous system, a derangement of the nervous functions being the starting point in every disease. Every disease arises from the action of some external noxa upon the organism. The difference of one noxa from another, together with the peculiarities of the organism, determines the different forms of diseases, and inasmuch as these two factors may differ from each other in a variety of ways, it follows that there must

be a variety of forms of disease. Disease is only recognized by the phenomena it presents to our senses. It is only from these phenomena that we can draw conclusions regarding the morbific agent, and the opposite endeavours of the reactive force. Hence it becomes necessary to investigate every trifling circumstance, in the picture of the disease, in order to obtain a knowledge of its true character, and to use it for the purpose of becoming acquainted with the road which Nature follows in order to free itself from the derangements of its functions, and likewise of obtaining light, by an analysis of the external regarding the internal processes which these phenomena reflect. This result can only be obtained if each case of disease is placed before us as a separate individual case; for it is only in this way, that we learn to know how far the organism is capable of equalizing the disturbance of its functions, by its own unaided efforts and when it becomes necessary to assist it in this endeavour.

"Experience shows that in many cases the organism is capable of throwing off the disease without any external aid, whereas in many other cases, the reactive energies of the organism are insufficient and the disease triumphs over the former. It likewise shows that if the morbific agent acts upon the organism with great intensity, the elimination of the morbific agent takes place slowly and with great difficulty. The desire of accelerating this natural curative process of facilitating it or bringing it about, induces us to institute a search after remedial agents capable of answering this purpose, and all such remedial agents are called medicines.

It is an old rule which cannot be followed too strictly, that a physician should be the servant, not the master of Nature, Minister, no Magister Naturœ. If as such he means to help the organism, he is under an obligation to examine above all things the road which Nature pursues when endeavouring to free itself from disease; he is bound to try to effect a cure by means of the organic reaction, which he has to reinstate into possession

of its lost superiority over the morbific agent. Moreover, in order to act with as much directness as possible and to effect a cure as speedily as possible, he has to affect that portion of the nervous system which is the seat of the organic reaction in the present case, likewise in the direction, which the curative effort of Nature is disposed to take. But, as the process of every natural cure is governed by a universally valid law, so should the medicinal influence upon the nervous system likewise be regulated by a law of universal and admitted validity. This must be the law of similarity as Wislecenus shows indirectly by his refutation of the other methods of treatment, and afterwards directly by the following mode of reasoning;—our Drug-provings have shown that a medicine produces a characteristic drug disease, peculiar to itself. If this drug disease resembles a natural malady in all essential points, it must necessarily proceed from the same essentially similar processes in the interior of the organism. If, in addition to the natural malady, we excite an essentially similar drug disease, the former experiences an addition as regards quantity and likewise an extension as regards quality; for the question is not whether the morbific processes are equal but similar. In the same manner, by adding the medicinal disease the existing reactive efforts are not simply heightened, but qualitatively extended and increased, in consequence of new reactive endeavours, characteristic of the medicine having been excited, which, however, are necessarily intimately connected with the existing reaction of the organism.

Experience teaches us that a drug disease when caused by a moderate quantity of the drug, is easily overcome by the organism, which even after the disappearance of the original disturbance, oscillates in the direction of the opposite medicinal phenomena, which may be regarded as a remnant of the natural curative endeavour directed against the drug. For by this union of the medicinal and the natural disease, the excess of the reactive endeavour of the drug disease, must necessarily go to the credit of the natural disease, since in both the drug disease and the

natural malady, the reaction bears upon the same portion of the organism. This cannot take place where the drug disease and the natural malady are not similar, consequently are deprived of the numerous essential points of contact, existing in cases of similarity. From the foregoing remarks it appears that it is only the after action of the drug which determines the cure, for it alone represents the reactive endeavour of the organism that we have to call into play. In as far as a disease can only continue, as long as the organic reaction remains too feeble to control it and in as far as we are capable of securing such a superiority by the most similarly-acting remedy ; just so far the law of similarity precludes the idea of an incurable disease, provided we are able to discover a similarly-acting remedial agent."

The reader must have noticed from a perusal of the above that in this cure the law Contraria Contrariis Curantur plays the principal part. Although the first selection of the medicine is done with the help of Similia Similibus Curantur, yet as the reaction of the medicine determines the cure, we virtually bring into play a force having an opposite tendency to that of the disease to serve our end. So that our Galen's law is after all the law of cure, our friends of the Old School have only to learn its mode of application in the treatment of individual cases. It is only their wrong application of it which has let them to abandon it as worthless.

ORIGIN OF FEVERS.

BY DANIEL LEASURE, M. D., ST. PAUL.

Presented to the Homœopathic Medical Society of the State of Wisconsin.

CONCERNING the true origin of those fevers denominated malarial, we are as much in the dark as at any time in the history of fevers.

That there is a certain something originating in certain district that when taken into the human system produces the phenomena

of the several fevers which we call malarial, there is no doubt; but of its precise nature and the manner in which it acts to produce those phenomena we are still profoundly ignorant, and probably will remain so for a long time to come. There are no doubt several exciting causes to produce the several forms and grades of fever, but they may all be possible modifications of a common origin, products of varying causes, the result of climate or local influences, in the same manner as the varying forms of vegetation are produced, and these again modified by the habits and modes of living on the part of those subject to these influences. Thus, fevers of the same general type, differ, as they prevail among the sparse settlers of a newly-opened-up country, and among the citizens of the same district after the population has become more dense, or crowded in the narrow streets and alleys of a growing city.

In a newly-settled country, or in a desert, the fevers almost invariably take on the intermittent or remittent form, or both forms are developed in different persons simultaneously exposed to the exciting causes—of ten persons thus simultaneously exposed—some may take on an intermittent, others, a remittent form of fever, and some may escape altogether. We can only account for this, by supposing that those that take the remittent form, have received a larger dose of the poison, if I may call it, than those who take on the intermittent form, and those who escape altogether, have either not received a sufficient quantity, or have eliminated it from the system, before it has had time to incubate into either form. But if, after a time, those escaping are from any cause debilitated, and their powers of resistance or elimination lessened, they too may succumb to the deleterious effects of the poison, and take on one or other form of fever.

These facts must be borne in mind, whenever we enter upon the study of the etiology of fever of pure malarial origin. The same general rule must be applied to fevers occurring in densely populated places, though, here we must take into account other

extraneous, or predisposing or modifying, causes, as for instance, unwholesome food, or insufficiency of nourishment, or animal exhalations, and impure or carbonized air, such as are found in small crowded tenements with insufficient ventilation, where also, one may encounter the poison of the purely zymotic fevers, and hence derive various forms, of those "mixed fevers" to which I allude in my article in the first number of the *Lancet.* We have had many well marked cases of this during our great war. We had true typhoid, true typhus, and true malarial fevers occurring in the same camp, and, at the same time a scerbutic condition of the blood produced by "field rations" and lack of fresh vegetables, and the result was a many phased "camp fever" as in the swamps of Chickahominy, some of the cases exhibiting the form of tertian or quotidian ague, others remittent fever, others typhus or typhoid, and still others that combination or mongrel form known in the reports as "typho-malarial" or "typho-scorbutic," and on the Carolina coast, we had "cerebro-spinal fever," either pure and simple or mixed in with the typho-malarial, till it would have puzzled the most astute differentialist to name the bantling product of so miscellaneous a parentage. Here then, we must have had various causes combining to produce mongrel fevers, partaking in part of the phenomena of several distinct fevers, presenting some of the symptoms of each, yet nothing purely typical of the *book fevers.*

In advancing any hypotheses of the origins of fevers, or, for that matter of any diseases that are induced by the introduction into the system of au extraneous "materies morbi," we must divest ourselves of all preconceived theories, and confine ourselves to the simple facts, that are capable of a reasonbly fair collocation, to account for results having a general uniformity, though slightly differing in details. I will not occupy time or space to enumerate the causes that have been alleged to produce either malarial or zymotic fevers, but take up those that have impressed me, during a somewhat long and clinical observation

of fevers, under circumstances favorable for forming unprejudiced opinions.

Foremost, as I think amongst the causes of malarial fevers, stand the "cryptogami." It is now nearly forty years since the late Professor John K. Mitchel gave to the profession his little brochure on the "Cryptogamous origin of fever" and nothing that has been written since can add to the clearness with which he set forth the claims of that class of omnipresent, most diversified and most mighty of all scavengers, in producing the forms of fevers known as malarial, and by easy induction all forms of endemic and epidemic diseases. I cannot in my limited space do more than refer to the little book of Professor Mitchel, but express the hope that those interested in the subject will obtain and look it over. The family of cryptogams that is alleged to produce disease, is composed of the microscopical fungi, that occupy the borderland between the lowest forms of animal and vegetable life, of which mould in all its forms may be taken as a familiar illustration. They breed from spores with wonderful rapidity and flourish in moisture and darkness. They breed amongst unhealthy and decaying vegetable and animal matter, and like true scavengers, eat up the debris of rotting death. Their own life is brief as a summer night, during which they are born, grow, multiply and die, and give off to the "winged winds" invisible dry spores to find lodgment everywhere, and when they light upon a proper nidus propagate their species *ad infinitum*. Many of the larger fungi are known to be intensely poisonous when taken into the human body and inferentially, we may assume, if not fully prove, that their microscopic confreres are also poisonous if introduced into the fluids of the body. The ordinary puffball when pressed, sends off a cloud of sporules, each of which little bodies contains the germ of other puff-balls, when they light upon a proper nidus. So it is with the microscopic sporules of the minuter fungi, and being propagated in countless myriads, and lighter than any other form of germinal matter, are readily distributed through the

atmosphere, and upon the earth, and upon all things that exist upon its surface.

And now we approach the vital point in our subject. Are these spores capable of living and propagating their kind when introduced into the fluids of the living healthy animal body? And can they be transferred from one living body to another, without having to pass again through a stage of genesis in their original habitat?

Mitchel and his followers assert that they can, and instance Asiatic leprosy in illustration. By referring to the book of Leviticus we find that the Hebrew law-giver laid down the laws of hygiene, prophylaxis and quarantine in relation to leprosy, with the skill and precision of one who evidently understood his subject, being a graduate of the only college of medicine then known, having been taught in "all the knowledge of the Egyptians," which means of course, that he was a priest, and skilled in the "mysteries of Isis" the sister and wife of Osiris, the Sun God of Egypt, and who was worshipped as presiding over the domain of fruitfulness, and the mysteries of life. The priests of Isis were the physicians of that age and people, and Moses had for a counsellor his father-in-law Jethro, also a priest, and between them no doubt originated the laws regarding leprosy. Modern investigations prove that leprosy is a skin fungus, but it also lives and thrives in inanimate objects, and is capable of being transferred indiscriminately and is a "disease of man, his garment and his house."

Read the Levitical law carefully and be convinced of the wise measures of the Chaldo-Egyptian law-giver, to save his people from so pestilent a disease. But see farther, that the germs of leprosy might lie dormant in the offspring of a leper, and develop themselves late in life, thus proving that the germs were transmitted directly at conception, and perpetuated by heredity. Now what change, if any, takes place in the spores of a poisonous microscopical cryptogam when introduced into the fluids of the living animal body, and how do they act to produce a departure

from health in the animal; and do they poison the fluids directly, or do they propagate themselves and prey upon the constituents of the fluids to such an extent as to render them unfit for the maintenance of life in the tissues, and thus sap the foundation of the storehouse of supply? These are grave questions and yet "sub-judice."

Then, again, are the vibriones, micrococci, bacteria, and other micro-organisms as we find them in the fluids of diseased animal bodies, but a reproduction of the original cryptogams in their new and unaccustomed habitat, or, are they a *new formation*, resulting from the partial disintegration of the fluids, under the operation of the malarial or other poison introduced from without? There is a wonderful similarity in results, between the potato rot amongst vegetables, and the hoof rot in sheep, and malignant grease in horses, amongst animals, which will afford much room for investigation and comparison. We have no satisfactory evidence that fevers produced by malarial poison can reproduce themselves by contact between the sick and the well, in other words, that there can be a personal miasm transmitted from one individual to another, but in such diseases as epidemic dysentery and Asiatic cholera it is by no means clear, that the germs may not be carried in the alvine discharges. All persons living in a malarial district are less or more saturated with the poison, but only a comparatively few take on disease, but one of the strange things connected with malaria is, that persons living for years subject to malaria without any signs of developing disease, on removing to a non-malarious district are liable to take on an ague or other form of fever, and sometimes cannot throw off relapses, till they return to the region whence they came, and are again subject to their accustomed dose of malaria.

Another of the phenomena of malarial fevers, is the observance of seven day periods in maturition and relapse. A remittent malarial fever tends to run out about the seventh, fourteenth or twenty-first days after the accession, and when it is apparently gone, tends to a relapse on the same days. A tertian ague when

arrested by the salts of Cinchona, tends to return on like numeral days, unless an anti-periodic be taken to anticipate its return. Evidently some germs of the exciting cause of the disease have remained in the system, after the disease seems entirely removed, and they re-incubate and re-develop the fever, as *ab initio*, and so it goès on re-developing until a sufficient period has elapsed to render the germs unproductive, and even then, if from any cause the system is depressed, the ague suddenly makes itself a most unwelcome visitor. But malarial poisoning does not always develop febrile symptoms. It sometimes takes on a state of general cachexia for a longer or shorter time, and then may suddenly assume the form of an acute intermittent neauralgia, and finally wind up with a masked or quotidian ague. In such cases, are the origins of the diseases always the same, or are they different, or mixed? We don't know.

I think there can be no doubt that in some instances there is but one form of fungi, if fungi be the originating cause, and in that case there will be one uniform type of disease, but I also think, that more frequently there may be several forms of originating causes, differing from each other, and each separately capable of producing one form of disease, but, combined, they form also a combination of their separate typical results, and constitute a mixed or mongrel malarial fever, or other form of malarial disease typing itself according to the predominance of one poison over the others. Now as to the origins of true malarial diseases, I think it may be assumed that their source is in the soil, which may impart a portion of its fungi to adjacent stagnant water, where they may be in a very active form, but if the water is not drunk, it can do no harm, for the sporules will sink in the water as fast as they mature and die, and so cannot be dried, and then wafted by the winds to neighboring localities to infect the people; but, if under the influence of a long dry spell, the water recedes and leaves the shore to be sun-dried, then the dried spores of the fungi may become light enough to be transported by air currents, and inaugurate an

endemic disease of malarial origin. It is probable that the poison producing that disease called the "trembles" when applied to cows, and "milk sickness," when applied to those who drank the milk of the diseased cows, orignated in the soil and contaminated the stagnant water of the prairies, which the cattle drank, and that the germs passed into the milk to reproduce the disease in the drinkers. The disease as described some years ago, was confined to the limit of small damp districts, and did not find any human victims but amongst those who used the milk of sick animals. Cultivation of the soil, and drainage, destroyed the condition of the soil, conducive to the development of the special cryptogam that produced the trembles in cattle, and milk sickness among men, until the disease has almost disappeared from the list of modern distempers. Among nervous diseases produced by cryptogami may be enumerated influenza and hay fever, both diseases of unquestionable fungous origin.—*The United States Medical Investigator*, No. 11-12.

Cases from Practice.

UNDER B. L. BHADHURI, L. M. S.

CARBUNCLE.

————Aged 60 years.

The patient was told by his astrologer that the year was a very unpropitious one for him and that even if he survived at the end it would be after a severe trouble and tribulation. He went to Benares prepared to die in that holy city of the Hindus. I had also gone to Benares at the time to give the benefit of a change to my wife. Early in the morning of the 5th July 1880, the patient's son came to me and wanted me to see his father. I went and saw the old gentleman had a large carbuncle on his back to the left of the spine and about an inch or two below the

angle of the left scapula. It was a very large one with a bluish red surface, complained of severe burning and throbbing pain in it. The patient was also getting fever every afternoon. It was the 8th day of the carbuncle.

A few days before two deaths had occurred of the same disease in the city, and a third was yet under treatment (Allopathic) and in a precarious condition. On my arrival, the patient said that it was fortunate that I was there at the time to treat him, yet he was sure there was no hope for him. In fact, this breaking out of the carbuncle brought to his remembrance his astrologer's prediction. But as he was very strong both in body (in his earlier years he was a very stout man with a large physique) and mind, he was fully prepared to abide by any result that fate would decree; he simply wanted me to lessen his sufferings. I gave him

Lachesis 12. Morning and evening.
Poultice over the part every 3 hours.
Milk and sago and broth for diet.

6th July 1880.

The patient had fever as usual; the thermometer rose to 103° F; Temp. 100° just now. Pain same, the curbuncle has become a little larger.

Arsenic 30. Morning and evening.

7th July, 1880.

Fever less than before, temperature rising only to 101° last evening; has some fever yet; the area has increased a little; he would not like to take sago, wanted to have chapati instead, but it was not allowed. One good stool. Cont.

10th.—Burning and throbbing much less. Four or five white spots in the centre from which a little matter could be pressed out. Fever entirely gone. Arsenic 12 morning and evening.

12th.—Matter forming in a fair way, a little of it could be pressed out, the central opening also appears to have become larger, but the core yet persists. Although the fever has subsided, yet the carbuncle does not show any indication of arrest, it has

been gradually spreading, having passed over the spine in one direction, and in the other it has crossed the line dividing the back from the side of the chest. Patient's appetite has returned, his bowels regular. Can sleep tolerably well at night. Last night a dose of Ars. 200 was given to induce sleep. Cont. medicine and Poultice.

16th.—Carbuncle is no more spreading; the opening is also fairly large and lets out matter on pressure. The burning entirely gone: the patient is not yet hopeful of his life; he yet believes that death is very near at his threshhold.

20th. The opening has increased to the size of a half rupee and gives exit to matter with ease; has got very good appetite; bowels normal.—Silicea 30. Morning and evening.

From this date the patient went on improving, and, by the middle of August, he was again a sound and healthy man. One strange fact in this case is that no large slough was discharged as in other cases; only now and then little bits of them would be discharged with the matter. In another case, the slough measured 9 inches in length. This was probably due to the better health of the patient, having been in the enjoyment of good health before.

MALIGNANT PUSTULE.

————'s wife, 50 years.

About seven days ago she noticed a painful pustule on the shin bone right leg, the next day it burst, a little matter was discharged, but the pain and burning were just the same as before; she applied a little catechu over the ulcer. In the evening she got fever and the surrounding parts became enormously swollen. At night she was very restless and on the following morning the ulcer was found to have become gangrenous. I saw her for the first time on the 4th September 1878; it was of about the size of a little more than a rupee; patient complained of severe burning and stinging, the whole of the leg was swollen, especially the calf.—Ars. 30 every 6 hours.

Poultice every 3 hours, washing with Condy's fluid.

Sept. 5th.—The patient was very restless at night—drank water oftener, but without relish. Fever was also very high. The Gangrene is spreading at a very fast rate. Fever yet very high, —face very anxious. Burning and stinging more than before.

Lachesis 30. every four hours.

Sept. 6th—5 P. M.—One good stool ; appetite almost none : fever increasing. Gangrene is yet spreading and has occupied a large portion of the calf : she had two more pustules, one on the dorsum of the foot, and another a little high up on the left leg. They are, however, drying up.—Lachesis 200.

12 o'clock midnight.—One dose of Ars, 1000. Fever very high, burning increased.

6th Sept.—8 A. M. Fever less than yesterday morning, the burning is also less, but the gangrene has spread extensively. One dose of Ars. 1000.

Evening—Fever a little less, but no indication of arrest of the gangrenous process.—Lachesis 30. one dose.

During the next three days the patient's state continued to grow worse. The gangrenous process went on spreading till the 10th, when it had occupied almost the whole extent of the calf. A few inches only of healthy skin was intervening between the two ends of the ulcer. On a careful examination, it was found that the gangrenous process was more confined to the skin.

10th September, 5 P. M. Gave her Cantharis 6. every 5 hours. On my coming back to see her at 8 P. M., the patient assured me that the right medicine was at last found out. She said that although she had taken only one dose of the mixture, yet her troubles were almost entirely gone. In place of the burning and other sorts of pain in the affected part, a feeling of comfort now pervaded it accompanied by a sensation of coldness, which gave her a good deal of relief. I felt her pulse; the fever too had considerably gone down. Slept well at night.

11th Sept. The swelling of the affected leg has considerably gone down. It was about twice the seize of the other leg.

The line of demarkation is also distinct; the ulcer has not evidently spread any further; almost no fever in the pulse.

16th Sept.—The gangrenous portion is separating; a portion is cut off to-day. There was once or twice slight burning at night, sleep disturbed. Cont. Cantharis 12.

24th Sept.—No more fever; one dose of Coffee was given at night to subdue nervous irritation and produce sleep; she slept better last night; a large slough has separated to-day.

From this time she went on improving, but as a large portion of the skin was destroyed, the ulcer took a long time in healing.

The ulcer has healed now, yet the part has become so tender that unless some oil is anointed every day she cannot walk with ease. One point worth mentioning in this case is as regards the origin of the disease. The patient was apparently healthy looking, yet from what we knew of her previous history, she was long subject to various sorts of mental anxiety. That this was the cause of her illness, I have not the least doubt in my mind. Sheer Ally the quondam ruler of Cabul died of Gangrene of the leg brought on by severe struggle with adversity. In the present instance although there was no real adversity to complain of, yet she was never mentally happy.

BRANDY AND OTHER STIMULANTS.

28th June 1881. Under C. S. Kali, L. M. S., of Pubna.

Case 1.—Baboo————'s wife had unavoidable Hœmorrhage for three days. Bleeding profuse. At 9 P. M., I was called to the case which was being attended to by an Allopathic doctor and a native midwife. I asked the doctor, had he given anything for this, and was told that they have no internal medicine for this. I enquired of the Dhye, who said, that she could not perceive the head, but all were soft and fleshy within, (probably a case of placenta previa). It was decided to try Homœopathy in this case, and Bell 3. one dose was given. Severe pain came on and within quarter of an hour, head presented. The delivery was complete within half an hour. A dead child was born. I left

the case to the care of the doctor who administered brandy to the case for the revival of the patient, who was much exhausted by the hœmorrhage. After continuing a few doses of the stimulant, again flooding took place, and the patient became worse sudden death occurred.

18th December, 1881.

Case II.—Wife of Babu M. C. M. After the delivery of a female child in which profuse hœmorrhage took place, fell under Syncope and immediately I was summoned. On my arrival I saw her quite prostrated and senseless. Did not respond even when loudly questioned, lock-jaw. On examining the eye, it was discovered that there was an application of mustard oil, which totally failed to produce any sensation. Pulse was fluttering, respiration slow and imperceptible. China 30. in a little water was poured into the mouth, but it was not swallowed at all. I applied pressure over the both femeral and brachial arteries. After half an hour she took a deep breath and swallowed the medicine which was so long in the cavity of the mouth. After this respiration became hurrid and perceptible. Gradually her sense returned and she was able to swallow a few spoonfuls of milk, and since then no more bleeding; getting better.

Being a graduate of an Allopathic college, I am not without the habit of using Brandy and other stimulants on occasions. But the first case struck me so much that I thought in cases of hœmorrhage like that, Brandy was not only useless, but highly injurious, and he who uses it must be reckoned as a direct murderer. It is not the thing that all low cases require stimulants. In my opinion, these cases, without stimulants being used, can be safely left to Nature, if we have no means at our command to assist her; because stimulants only excite the action of the heart, and, as a consequence, the rapid movement of the vital fluid helps to wash out the clots which poor Nature attempts to form for the safety of the patient.

J. N. GHOSE, Presidency Press, Calcutta.



THE

INDIAN HOMŒOPATHIC REVIEW

Vol. I.] APRIL, 1882. [No. 4.

PROPAGATION OF HOMŒOPATHY.

One of our professed objects being the propagation of Homœopathy it is worth while inquiring how best we may achieve that end. We shall take it as admitted that the propagation of what we believe in and regard as true is a duty which we owe to ourselves and the world. If we believe our own convictions to be based upon reason, and if we are prepared to stand by them, it is incumbent upon us to publish them to the world and to do all that lies in our power to get them generally accepted. If there is any error in them, it will not stand the light of day; and the publicity will do good as well to ourselves as to the cause of truth. If our teachings turn out to be wholesome, we do good to the human race. Under no circumstances are we justified in secretly cherishing certain beliefs and shrinking from a public examination of them by competent critics. In the very first article in the first number of this journal we stated that we committed ourselves distinctly and unreservedly to the method of Hahnemann, that is, to Homœopathy, and were prepared to stand or fall by it. We also said that it would be our duty to expound the method, to illustrate it, to develope it and to propagate it to the best of our ability. We propose to consider in this article how the task of propagation may be best accomplished. But before we proceed to discuss the means, let us make ourselves sure of the nature of the end. What *is* propagation of Homœopathy? What *is* it that we seek to accomplish? Should we be justified in thinking that we

had taken a step in advance if we found that Homœopathic dispensaries were multiplying or that Homœopathic physicians were enjoying a larger practice than before? Assuredly not. We said in a former article and we may repeat it here, that in India "more and more people are hearing of Homœopathy every day, more and more Homœopathic dispensaries are coming into existence. Instances of cures by means of Homœopathic medicines are multiplying. And the number of converts to the new faith is also unquestionably on the increase. Yet the cause does not advance. The popularity of the method seems to be owing not to an intelligent appreciation of it as a method, but to a confused idea that some Homœopathic drugs are sometimes very useful. Men are proud to show their candour and their acumen by admitting that Homœopaths have got good medicines for this disease and that disease. We set no value upon such admissions, and if every single man in India were to make such admissions, we should not be justified in thinking that the cause of Homœopathy had advanced." The question is not whether people have faith in Homœopathy, but whether they are convinced of it. We repudiate all adherents of Homœopathy who plume themselves upon their faith. The matter is one of sound logical conviction, and not blind unreasoning faith. Do we speak of faith in the laws of motion? If we did, which physicist would give us credit for profound knowledge of physics? Precisely for the same reason that we do not speak of faith in the laws of motion, we do not speak of faith in Homœopathy. And one who professes his mere faith in Homœopathy is as ignorant of Homœopathy, as he who professes his mere faith in the laws of motion is ignorant of physics. For we believe and are prepared to prove that Homœopathy is as well established, and established by the same logical methods as any other physical law. And we can no more help believing in it than we can help believing in the laws of Astronomy, Physics or Chemistry. By propagation of Homœopathy, therefore, we do not mean an increase in the number of men who have faith in

it in the same sense that they may have faith in invisible beings or occult powers which are beyond the range of science,—men who nervously watch the operation of every drug administered by Homœopaths and who are prepared to renounce their faith the moment they find that a drug is powerless for cure. But what we understand by the propagation of Homœopathy is the increasing appreciation of it as a method,—appreciation of the reasoning by which it claims to be established. Homœopathy cannot really gain ground unless men are prepared to weigh the evidence upon which it rests, to examine minutely the material which furnishes a hypothesis to start with,—a working hypothesis as it is called,—to observe each step by which the hypothesis acquires the position of a scientific theory, to examine the validity of the logical procedure employed and to know precisely the proof that may be offered of the law. It is not until men are able to estimate rightly the logical value of the evidence in support of Homœopathy, that we can justly congratulate ourselves upon its progress.

The subject came up for discussion at the last International Homœopathic Convention, held in London in July 1881; and, we have no doubt it would interest our readers to know the views of eminent Homœopathic doctors with regard to it. Dr. Hughes said: "The work of propagating a new truth may be supposed to belong chiefly, if not entirely to its public apologists—to those who by voice and pen can expound it to the ignorant or vindicate it against attacks. It might be so with a doctrine; but it is far otherwise with an art. Here the best preaching is practice. The man who goes on steadily living by the law he acknowledges; who conducts thus a full practice with all its chances and hazards, and has at least as good results as his neighbours and as firm a confidence on the part of his patients,—such a man is bearing the strongest of testimonies to the method of his adoption. His colleagues must see that it is possible to practice medicine successfully without the nauseous, and often violent and poisonous measures they are in

the habit of employing; and they will often hear of cases they had failed to benefit going to him and getting cured. It is from facts like these that most of us have been led to inquire into Homœopathy. The conviction of its reasonableness has encouraged us to go farther, but our first advances have been prompted by its success. And this is a propaganda which is in the hands of every one. The opportunity of public utterance and the faculty for it, belong to the few; but all in their measure may commend the method by their application of it to practice.

"But it is obvious that to reach this end, men must practise Homœopathically indeed. If they are habitually resorting to measures of another kind, using the stimulants and sedatives, the purgatives, the caustics and counter-irritants of ordinary medicine, their success—whatever it may be—makes nothing in the direction of our present outlook. That they have perfect liberty so to do, if they think fit, I do not deny; on the contrary, I claim it for them. It is the supreme duty of us all to do what we judge best for our patients, irrespective of any creed or system; and to do this our hands must be free......................

"This is vindication of our liberty. But, on the other hand, it is obvious that in proportion as we use it in the direction I have mentioned, our practice loses its value as a witness to the method of Hahnemann. It will at once, however wrongly, be supposed that we employ the latter only in trifling cases, and resort to the usual measures when we require to make a real impression....... Our wisdom is at first to practise it [the method of Hahnemann] as exclusively as possible; with little exception, to let experience teach us where it needs supplementing by other measures, rather than to adopt them *a priori.* We shall actually do more good to our patients, on the whole, than if we began as eclectics; and we shall be acquiring habits of loyalty and precision which will stand us in good stead as we go on. Our great advantage is our practice according to *law,* instead of in the "unchartered freedom," of which our Old School colleagues boast, but of which the best of them must

often tire. This is our vantage-ground, and none without grave cause should abandon it.

"I think that we as a body might well address such admonitions to our younger members. They especially need them. . . . . . But while we are cautioning them, we shall surely be—and not without need—exhorting ourselves. The temptations to laxity in practice are strong for all of us; the very catholicity of spirit we cultivate, and which leads us to acquaint ourselves with the whole range of general medical literature, has its perils of this kind. We ought by this time to be able to define what are the exceptions we recognise to the rule "let likes be treated by likes,"—for, like every rule, it has its exceptions; and outside their limits to obey it implicitly. Avowing such a position, letting the profession and the public alike know that we take it up, and consistently acting from it, we shall earn respect for ourselves on both intellectual and moral grounds, and shall be doing each his part in the work of propagating the method we believe in."

In the discussion which took place after the reading of the President's Address, Dr. Talbot said: "I shall speak for a moment of the means of success, not in improving Homœopathy, but in spreading it, in the first place by the individual practitioner. The duty which he owes to Homœopathy is to thoroughly acquaint himself with it, and on every occasion where he will be called to exhibit it, to do it to the best of his ability. His individual success goes far in giving character to Homœopathy, in spreading it among the intelligent, the educated and those who are the best supporters of it. . . . . But beyond this, and what we each and every one of us owe to our cause, the cause in which we believe, is the extension of our institutions, beginning with our dispensaries, with our hospitals and with our colleges."

Dr. Dudgeon observed that schools would be of little use, if they had not the power to confer degrees or give licences to practise. He went on to say: "When I first commenced the

practice of Homœopathy, we set to it, and we waged war as it were upon the Old School, in this way,—whenever we were attacked we replied, and when we were not attacked but let alone, as we often were for an inconveniently long time, we pegged away at them in other ways as hard as we could. . . . . The progress we made was not solely by pegging away at the profession, we pegged away at the public, and we converted the public, and we showed the difference between the two practices to such an extent that the public insisted upon some change in the Old School or they would not remain with them."

We do not wish to say one word which would detract from the value of the advice given by the eminent physicians we have named above. But we should like to add something to it. What is required for the propagation of Homœopathy is not only successful practice, but a careful and well-reasoned theoretical exposition of the method. Success in particular cases may or may not command admiration,—may or may not illustrate the soundness of the method. But there is no withstanding logic. Facts of cure form only one link in the chain of reasoning which establishes the method, and unless presented in connection with the other links are of little value,—possibly, of no value to the prejudiced observer. There will be found hundreds of people and very sensible people they are, who attribute cures under Homœopathic treatment to mere natural action. There is no answering them when they say that the patient would have recovered as well if he had not been treated at all. Others will attribute the cure to the regulated regimen on which the patient was made to live. Others will attribute it to the faith of the patient. They would rather speculate that a suffering man can by the more strength of his faith in Homœopathy get rid of his disease than admit that any good may result from Homœopathic treatment. In India there is another explanation possible for phenomena of cure. They would be referred to spiritual agency. People who can believe that they are cured by water over which some holy personage has repeated certain *mantras*

would not shrink from attributing facts of cure to the intervention of the Deity. The consequence is that we meet people every day who state the most astounding propositions about Homœopathy,—men who say that Homœopathy is good for this disease and not for the other, that Homœopaths are not scientific men, that they do not and cannot perform surgical operations, that they pretend to cure heat in the head by heating it all the more and so forth. A man who has got his eye cured by a Homœopath will not seek him when he is suffering from fever. One who has been saved from Cholera by a Homœopath will not care to consult him again when he has got an affection of the skin. Homœopaths are supposed to be no better than quacks who know only particular medicines for particular diseases and can cure no other diseases. Mere facts of cure, therefore, will not carry conviction : Such is our experience, and such is also the conclusion suggested by *a priori* considerations. Superadded to these facts we require logical reasoning in order to be able to produce any impression on ignorant minds. We have to tell them in the first place what Homœopathy is, and what Homœopathy is not. We have to tell them the sort of proof which can be given of Homœopathy or any other law. Lastly, we have to tell them the proof that we are prepared to offer of Homœopathy. Furthermore we have to preface our arguments with general observations on the true meaning of laws and the sort of proof of which they are capable and on the province of Medical Science if any such science exists or is ever to exist. We hope to be able to work out this scheme ourselves, but whether we succeed or not, we have no doubt that if it is executed by competent hands, it will do more for the propagation of Homœopathy than innumerable, isolated instances of cure.

(Communicated.)

HOMŒOPATHY IN SURGERY.

In our previous article we pointed out the superiority of Homœopathic treatment in surgical cases. Our aim was not

evidently to supersede the surgical operations or instrumental help, but simply to show the efficacy of Homœopathic medicine in such cases. Now we shall endeavour to treat each particular case in detail, giving a proper attention to the individual drugs used in our clinical cases.

At the threshold of an enquiry into the nature of any disease, either Medical or Surgical, we come across a process of abnormal manifestation called the process of inflammation. Mr. Travers very justly remarks, "that a knowledge of the phenomena of inflammation, the laws by which it is governed in its course, and the relations which its several processes bear to each other, is the keystone to medical and surgical sciences." It is therefore our duty to investigate the nature of *inflammation*. It is a process of abnormal nutrition. We all know that every part of the body is nourished by a free circulation of blood which is called the vital fluid. As long as there is no interference of this passage of blood through the tissues, and the circulating element retains its normal composition, so long the healthy process of nutrition is in tact; the equilibrium of human organism is restored. We often observe, that a part becomes suddenly red, swollen with perceptible increase of heat, the person complains of more or less pain in it; in fact, we see some new phenomena presented in the affected part. Now we enquire what is all this? We say the part is inflamed, but what does it mean, what takes place in the inflamed parts? These are the questions of very great importance. Pathologists know, when a part is irritated, either by the external application of an irritant substance to it or from some internal causes, more blood is sent to the part. The blood-vessels of the affected part receive an extra supply of blood; the current is also increased. This, they call *determination* of blood; it simply means an increased flow of blood to a part. This determination of blood is the early stage of inflammation or we may say the commencement of the process. The subsequent stage shows the cardinal symptoms of inflammation, viz., the redness, the heat, the pain

are called leucocytes. The affected part is swollen owing to the accumulation of these leucocytes and the exudation of liquor sanguinis of the blood. When resolution takes place, these inflammatory products are absorbed and carried into the circulation whence they are excreted as an effete material. Thus spontaneous healing of inflammation takes place. As homœopaths, we are often enabled to accomplish this resolution by the aid of medicines in cases where nature fails in her attempts. When these favorable results are not attained, suppuration is the inevitable consequence. These leucocytes and serum of blood undergo degenerative metamorphosis and pus results. It is not only derived from these, but also from the decomposition of the tissues in which inflammation occurs. We shall take up the subject of pus-formation and its consequences in some future issue in the subject of suppuration or abscess.

We now come to the most important subject of our discourse, viz., the treatment of inflammation. In this connection we can not help making a few remarks upon the injurious practice of venesection and antiphlogistic method of treatment. A great deal of mischief had been done in former days. It is supposed by humeral pathologists that blood is the seat of all diseases and by blood-letting the morbific elements in the system is got rid of. It is needless to speak anything against this practice, as the orthodox practitioners of the present time have abandoned this practice as decidedly injurious to the system. Antimony, mercury and other antiphlogistic medicines were in vogue in former times, but now no more. It may be said that more harm was done by this mode of treatment than any thing else.

The Homœopathic treatment of inflammation and other allied processes is far superior to all other methods. It is not our own assertion, but the majority of physicians who watch the effects unanimously are of the same opinion. It is proved striking to the more advanced class of the old school men. Some of them even go so far as to use our own medicines according to the indications and doses set forth in the Homœopathic

works. Professor Erichsen of the University College, London, speaks of *Aconite* very highly in simple inflammation, which we call synocha. "Aconite in small doses frequently repeated—*one minim* of the tincture every half hour for four hours and then every hour—exercises a most marked influence on simple inflammatory fever when there are no visceral complications. It lowers the force and frequency of the pulse and produces speedy and copious sweating, to the infinite relief of the patient." Years before Aconite was considered a dangerous medicine, but now it is a powerful agent to restore the health in many disorders. Dr. Ringer is a great advocate of Aconite in minute doses; and it is mainly through his exertion that the Allopathic physicians reap the benefit of Aconite. The barbarous practices of venesection and depleting measures of by-gone days are done away with owing to the discovery of the secret power of Aconite. It is exactly for the same indications that we—Homœopaths, use Aconite in inflammation. We have frequently observed, how beautifully Aconite disperses the inflammatory swelling and relieves pains and suffering of the patient. In active congestion and determination of blood, it is of immense value. By the administration of this medicine alone we often succeeded in effecting a recovery and avoiding the dangerous and painful after-consequences. It is consequently termed "The Homœopathic Lancet." When the pains are lancinating, throbbing and aching; the temperature is evidently increased, skin hot, dry like parchment; great restlessness and anxiety, intense thirst, pulse rapid, full and bounding; in fact, a true type of sthenic inflammatory fever, the use of Aconite is certain.

Belladonna is also a valuable medicine in checking the progress of inflammation and bringing it to a favorable termination. The pains are remarkably abated, redness and swelling decreased, temperature reduced, and the patient is comfortable. It is more appropriately indicated in persons of sanguine temperament; there is a tendency to congestion of the head, headache, flushed face, dilated pupils. Aconite is so close an analogue that it is

and the swelling of the invaded part. Histologists and pathological enquirers are not satisfied with the phenomena presented by the naked-eye observation; they enquire more and institute microscopical investigations by producing artificial inflammation on lower animals. This has been done by Cohnheim, Wharton Jones, Paget and other minute observers. A detailed account of these observations are out of place here in this paper.

"The phenomena of inflammation, as studied in the transparent tissue of some of the lower animals, such as the wing of the bat, or the web of a frog's foot, or the mesentery of the same animal, are as follows. On the application of an irritant, such as the point of a needle or a weak solution of salt or cold water, there is produced momentary contraction of the small arteries, followed by dilatation; the flow of blood, which is at first accelerated, soon becomes retarded; and stasis or stagnation occurs at points, commencing in capillaries, and extending to the veins and arteries. At the points of stasis, there is an aggregation of the red and white corpuscles of the blood, which appear to block up the vessels; the red corpuscles, according to Cohnheim, chiefly occupying the arteries, and white one's the veins. Around the centre of stagnation there is a retarded flow of blood, in which inflammatory area the corpuscles are seen to move languidly; and beyond this there is a rapid rush of an increased quantity of blood."

From what has been said above it would clearly show, that in inflammation, the blood, the process of circulation and the affected parts of the body, undergo certain changes which are peculiar to this process alone. The part is red, because there is an increased accumulation of blood; it is hot, for the circulation is accelerated; it is swollen owing to exudation of liquor sanguinis of the blood; and lastly, pain is felt in and around the part owing to the compression of the nerves in the seat of inflammation. These are the principal signs and symptoms we recognise in an inflamed part. The pains are various and of different kinds—we call,

lancinating, throbbing, darting, boring, stitching, burning, and so forth. These are important to *Homœopathic* physicians for the selection of appropriate medicines. The pains are also important for the purpose of pathological investigation of the parts affected; for instance, burning pain is chiefly felt when the skin and the mucous membranes are affected, stitching pain in serous inflammation, &c. The remarks are often made by some Homœopathic physicians that pathological researches are of little avail to us, symptomatology is all that we require. They are mistaken, inasmuch as pathology alone can reveal to us the true nature of disease, the morbid alteration in the internal organs and tissues. Hahnemann himself did not deny the efficacy of pathological investigations, his only objection was that in *his* time pathology was mere conjectures and visionary thoughts, so it was unreliable. Professor Helmuth very justly remarks, "that nō one should expect to receive the title of physician or surgeon without pathological knowledge; both an acquaintance of the symptoms and a proper understanding of pathological science are absolutely requisite for the proper performance of professional duty."

The causes of inflammation are *predisposing* and *exciting*. There are various circumstances which predispose a system to inflammation. The retention of excrementitious matter in the organism is recognised as the most prolific source of inflammation. Weak and impoverished states of the body, privation, excesses, mental depression, &c., predispose a system to inflammatory attack. Among the exciting causes may be cited some irritant, either mechanical or chemical, and exposure to heat and cold.

Inflammation may terminate either in resolution or in suppuration. By resolution we mean, the absorption of the inflammatory product. It is a decided fact that when the phenomena of determination of blood and subsequent stasis occur, the white corpuscles of blood migrate from the vessels in which they are contained to the surrounding tissues. These white cells of blood

often difficult to decide between them. Dr. Helmuth says, what *Aconite* is to the inflammatory fever, *Belladonna* is to the inflammation itself." Inflammatory fever may be present in both these medicines, but synocha in Aconite, and congestive fever in Bell. Dr. Hughes says that in inflammatory and other fevers the tendency to perspiration points to the selection of Bell, and dry, hot skin to Acon. Moreover, if the inflammatory process is the manifestation of a local lesion, Bell. is useful; Acon. is scarcely of any avail. In inflammation of delicate organs and tissues, Bell. is preferable. In these cases it may be alternated with *Mercurius.*

In this connection we may as well speak of *Gelsimium* which has come recently into vogue in cases of inflammation. It is used in cases which are beyond the reach of either of the last two medicines. It occupies almost the intermediate position between Acon. and Bell. It has a decided effect upon the circulation producing febrile phenomena. Dr. Doug las has actually observed this effect. Heat, drowsiness, nervous prostration, languor, inclination to lie down, headache and pains are the symptoms for its selection.

Arnica is a medicine of great value in inflammation brought on by external violence and injuries. The inflamed part is hard, hot, and there is a little feverish heat. The power of *Veratrum viride* over acute congestion and superficial inflammation is very marked. The fever is high, pains and headache. It is especially useful in the inflammation of brain and meningis, It is of recent use and we have repeatedly verified its marvellous effect. A young man, æt 25, had an attack of fever, with dull, heavy headache and a great distress in his whole organism, temperature is high, eyes congested. We administered Belladonna 3. every three hours. No effect within four and twenty hours. Headache increased, eyes blood-shot, we believed an intense hyperæmia of the brain. Veratrum vir 3. every three hours. His symptoms began to abate very quickly, headache disap in a few hours, and the patient got well in four d

recommend its use more frequently. Mercurius is also a potent medicine in inflammatory lesions. It has scarcely any effect upon the circulation, but its action upon the blood is truly great. It produces decomposition of the blood, destroying its solid constituents, such as, the corpuscles, the fibrine and albumen; its fluid parts are absorbed or destroyed. In fact, in inflammation of glandular structures and visceral organs, Mercury is the panacea. It may produce irritation, in alimentary, genital and urinary organs, often amounting to congestion or inflammation. Dr. Bæhr thinks very highly of it in inflammatory affections. These are the principal remedies and are often employed to subdue inflammation and effect the complete resolution of the product. We have frequently observed the latter effect from the therapeutical application of Mercurius. Besides these, Bryonia, in inflammation of the serous membranes and some parenchymatous organs; pains darting and stitching, fever and chilliness. China in asthenic inflammation. Camphor in rheumatic and erysepelatous inflammation. Hepar sulphur, Silicia, Graphites, Arsenic, &c., &c., will be brought forward in the subsequent stages of the inflammatory process.

Local treatment is also valuable. First of all, *rest* which is absolutely necessary for a recovery of inflammation. The parts are placed in a comfortable position, so that all tension is removed.

Some local applications are resorted to by a great body of our school. Cold and warmth are sometimes required. But they are subsidiary measures. As our private opinions are concerned, we place very little reliance upon these agents. The internal treatment is all that we require.

HOMŒOPATHY, WHAT IT IS?

(Posology.)

This question of dose has been a puzzle to the non-Homœopath ever since Hahnemann gave out his maxim to the world.

It has also furnished opportunities to our opponents for both scientific and unscientific attacks upon our devoted heads. Amongst Homœopaths too this question of the size of the dose has been the cause of inveterate and even bitter discussion. None has, however, succeeded in coming to a final issue on the subject and so settle the question for good. Although all Homœopaths perfectly agree as to the fundamental doctrine of Homœopathy, yet this subject of dosage has given rise to a division in their ranks—the high dilutionists and the low dilutionists. Of course there is no disagreement amongst themselves as regards the general efficacy of their respective doses. The low dilutionist does not deny the curative power of the high dilutions. He condemns them from the stand point of utilitarianism and considers the additional expenditure of both energy and money necessary in their preparation as so much useless waste.

The question of dose is strictly a practical one, and can only be settled by thousands of experiments on the bedside. In the beginning of his experiments, Hahnemann used the medicines in their ordinary material doses. But he soon found out that when prescribed in accordance with the law of similarity, they would aggravate the existing symptoms and also give rise to new ones, besides those of the disease; so he went on reducing his doses and found to his surprise that a quantitative diminution of the dose would not necessarily involve a corresponding diminution of its curative power. At last he fixed upon the 30th dilution as the only normal dose, sufficiently strong for all curative purposes, but too weak to give rise to medicinal aggravation.

We can very well conceive that a Homœopathically-acting medicine must be administered in a smaller dose than is sufficient to produce its pathogenetic action. But how small that dose must be, must depend upon certain modifying circumstances, which will be mentioned hereafter. We cannot accept the 30th as the only normal dose, although we find a few immortal names who followed Hahnemann exactly in this

matter, such as, Jahr, Lutze, Herring, &c. The regulation of the proper dose of a Homœopathic medicine can never be effected in accordance with any universal rule. As in treating a case of any disease, we go on in the plan of strict individualization, so in this matter of dose too individualization is our only way of procedures. Of the modifying influence the first is the temperament of the patient as well as his individual susceptibility to the action of different drugs. Trinks says that the melancholic, sanguine and choleric temperaments display the greatest susceptibility to medicinal influence, and lymphatic the least. Every drug proving as well as observation on the sick display instances of different individual susceptibility. Experience has, moreover, shown that children, nervous and irritable natures, and men, who live as nearly as possible to the standard of nature and with strictness and regularity, are more susceptible to medicinal action than those who pursue an opposite course. The nature of the pathological process as well as that of the drug also require strict differentiation. There are some diseases which require habitually large doses of medicines, as the contagious and the miasmatic diseases. But when the Nervous System is the seat of the disease, the dose must comparatively be reduced. As regards the individual peculiarity of drugs we know that a grain of Arsenic acts much more energetically than a grain of Nitre, and a drop of Nux Vomica than a drop of Chamomilla. So that taking into consideration these modifying influences, it is next to impossible to fix upon any standard dose. It must always vary with the varying nature of the modifying influences.

We have said that this question of dose has divided the Homœopaths into what is called the high and low dilutionists. The former considers the dilutions above the 3rd as perfectly useless and confines themselves in all cases within that number. They admit that in some cases the high dilutions from the 12th upwards may be required for particular cases, but that the lowest (1, 2, and 3) are generally sufficient for all curative purposes. The high dilutionists on the contrary, urge that the real cure of

a disease, *i. e.*, rapid, safe and permanent cure can be better obtained by means of the high and highest (from the 30th upwards) dilutions. For ourselves we must say that we are not bound to any particular class, but this much we can safely aver that the more experience a man gains in his practice, his predilection for the high dilutions grows stronger. We have been now practising Homœopathy for the last twelve years, and we must confess that our own tendency for the high dilutions every day grows stronger But we do not say that we have never seen as good cure from the lowest dilutions as from the highest. In fact, with our growing practice, we are becoming convinced day by day that we cannot safely dispense with any. We must try to harmonize both and bring about a reconciliation of the two classes. In a case of Low Remittent Fever in an old man after giving trial to the higher dilutions in vain, we had to go to the very 1x decimal of Arsenic alb. We had lost every hope of the patient's recovery in the morning, and we were simply surprised to find him better after a few doses of the medicine. When the case went on from bad to worse in spite of our treatment, Dr. Salzer was called in consultation, and he suggested Arsenic alb. When he heard that the patient had been taking the very same thing and that all the dilutions from the 12th to the 200 were tried in vain, he shrugged his shoulders and told us to do anything we liked, as the case was utterly a hopeless one. We were very much concerned in the patient's recovery, so could not take the prognosis as cooly as it was given. Dr. Salzer was going to give the 30th again just for the sake of giving something, when we suggested the 1x as the one which Dr. Hughes recommends with great stress in such cases. He again shrugged his shoulders, and said "very good, you can give a trial if you like." There was no supply of 1x in our box, but had a few drops of Liq. Arsenicalis, which was given in half a drop dose every hour. In the evening we found the patient better, and in a few days' time was all right. There was a second case of this very disease and in an old man too. He had all the symptoms of

Arsenic alb., and the family-physician had given at first the 6 and then the 12th dilution. Both these dilutions brought on aggravation, and also gave rise to severe retching and vomiting. We gave the 200th morning and evening He made a very good recovery after a few doses. We can adduce several other instances from our practice to illustrate our view.

Of course, it is very difficult to devise any rule as to where the high dilutions should be given and where the low. The present practice of giving low dilution in acute cases and high dilution in chronic cases, is no doubt generally correct. It has at least one redeeming feature to recommend it for our acceptance. Chronic cases do not require large or repeated doses of any medicine, so this rule to prescribe high dilutions for chronic cases saves the patient from the evils of over-medication. The effect of the lower dilutions is not persistent, though their action is both speedy and intense. The higher dilutions take a longer time in producing any action, though when once produced, the action lasts longer. In the second case above alluded to, when reaction took place it was something dreadful. When I got the patient he was cold as a snake, after only six doses he became literally hot as an oven ; he actually said he felt awfully hot and wanted all sorts of cooling beverages. It took some days to moderate his temperature to the normal point.

We have said it is very difficult to devise rules for the selection of high and low dilutions. We must look to the reported cases of experienced physicians to come to any definite conclusion. Dr. Sharp gives us a very useful fact which future practitioners may take advantage of to settle the question of dose. He says that all our medicines affect in different doses different organs of our body. Well, this fact might after all afford us a clue to this solution. What he speaks of the dose from the physiological side Dr. Madden argues the question from the stand-point of Pathology. He has noticed that when

one medicine is suitable to a number of diseases, it can never cure all of them with one uniform dose, which must be different in different cases. We must, however, wait for further corroboration, because the guidance that we can at present collect is contradictory. For example, Dr. Bayes and Dr. Madden have both asserted that "the 12th dilution of Cham. is that best adapted to meet those cases of reflex irritability of the gastric and intestinal mucous membranes in childhood for which it is indicated. On the other hand, Dr. Hirsh recommends a weak infusion of the flowers in such cases. Again Dr. Bayes regards the 18th dilution of Bryonia as that which is most useful in Acute Rheumatism; while Dr. Yeldham thinks that, one, two or three drop doses of the pure tincture none too much; and Dr. Black and others tell us that the 1st, 2nd, 3rd decimal are far more useful than a higher dilution."

From the above statements it will be seen that we cannot fix upon any one dilution as the only normal dose of a medicine. The dose must vary with the varying nature of the modifying influences. The practitioner must exert his own judgment on the bedside of his patient to select the suitable dose. Even the rule to prescribe low dilutions in acute cases and high in chronic, is not strictly correct; though for ordinary purposes is safe enough.

Dr. Hale gives us a very ingenious rule to settle the question of dilution. He says that when the symptoms of the disease correspond to the primary action of a drug, a higher dilution will be required and *vice versá*. There are others again who condemns this practice as contrary to the spirit of the law of similarity. They say that the spirit of Homœopathy enjoins upon us to prescribe the lower dilutions to combat the primary symptoms, and a higher dilution when the symptoms of the case correspond to the secondary action of the medicine. That is in a case of fever with the primary symptoms of Aconite, the lowest dilution should be given, *i. e.*, from the 1st to the 6. But Professor Hale would give the 30th as that possessing the opposite

symptoms of the disease. This fact again leads us to the question of primary and secondary action. We have said in a previous article that the primary action is due to the influence of the drug, and the secondary action, the **response** of the system to the stimulus of the medicine. Later writers, however, tell us that the secondary action is also due to the medicine, and that it is the action of the small dose. They do not believe that a small dose would necessarily produce the primary action at first and then as the response of the system, the secondary. They believe that small doses give rise to the secondary symptoms at once and without the intervention of the primary action. For our part, we do not believe that a secondary action is at all possible unless there is the primary action at first.

Both in the ranks of the low and high dilutionists we read the names of really great men. The latter generally are strict followers of Hahnemann, but the former, although they agree as to the fundamental principles of Homœopathy, reject many of his theories as mere vague speculation. They generally do not believe in the theory of dynamization. For our part we certainly believe that a crude drug can never act with the same promptness as the one that is dynamized. From the recent experiments of Professor Crookes (and we don't see any reason for our unbelief) we cannot help believing that dynamization *does* develop the latent medicinal virtue of a drug. Silicea in its crude state is certainly inert, but who can deny that prepared according to Hahneman's directions it shows marvellous curative properties? So, if an inert substance may be converted into a medicine by the process of dynamization, what credulity could there be in believing that the same process would improve the curative power of an ordinary crude drug?

Hahnemann really believed that in disease the spiritual part of the man is the principal seat of disorder. And the medicine requisite to effect a cure must be rid of its gross material character. The process of dynamization is simply necessary to

change this gross nature of the drug. If we cannot take this view of the thing, we don't think even then we can dispense with the theory of dynamization. Taking for granted that the body is the seat of the disease, does not our physiology teach us that the ultimate cells are the real seats of disease? If this be so, why should then a material dose be necessary to produce any effect upon these inconceivably minute bodies? In fact, we are thoroughly convinced that when a medicine is prescribed in material doses it is absorbed into the blood, and there undergoes the same change which our process of potentizing gives to our dilution.

Many of our opponents, both professional and unprofessional, ascribe our cures to the imagination of the patients. But how they reconcile their theory when children and the lower animals are benefited by our treatment we really do not know. This theory will not at least hold water here. Some other explanation must be had recourse to to account for these cures. Of course, it is very difficult to convince those who are determined to find fault with our system. The best proof of the efficacy of dilution is derived from the actual use of our preparations. Hahnemann truly said, "Use as I have used them, and you will be convinced."

But even on theoretical grounds it is not difficult to prove the curative power of our medicines. Every one knows how small a quantity of pus from a vaccine pustule is necessary to give protection to our system from attacks of small-pox. What amount of virus resides in that quantity of pus has not been detected even by the highest power of the microscope. Then again all around us we see the ravages of malaria, but no one has ever seen or felt what this substance is? Pareira cites the case of a man who would be overpowered by the effects of Ipecacuanha simply by approaching a place where this drug was being dispensed. This, no doubt, was a peculiarity. But when we say that our medicines act only under peculiar conditions, our enemies would stare at us.

The following are the rules to be observed in prescribing in accordance with the law of similarity :—

1st. We have said that a medicine chosen in accordance with the law of similarity is calculated, if administered in ordinary material doses to aggravate the existing symptoms of the disease, or, in others words, produce what is called Homœopathic aggravation, and also give rise to new symptoms peculiar to the drug, or, in other words, produce medicinal aggravation. When we prescribe our medicine, we must take care that we do not produce either medicinal or Homœopathic aggravation.

2nd. The limit up to which the dose of a remedy prescribed in accordance with the law of similarity, can be diminished without being divested of its curative power, has not yet been fixed up to this time.

Hahnemann decided in favor of the 30th potency as the only normal dose in all cases. Later practitioners have, however, unanimously found fault with this, and consider a standard dose as an impossibility. The practical trial being alone capable of deciding, every one should satisfy himself by actual experiments whether high or low potencies are preferable. This is the only way of arriving at a final and conclusive result. Our own experience leads us to believe the 12th and the 30th to be the best dilutions, but cases do occur now and then when we are required to go either lower or still higher.

3rd. The lower potencies show a more rapid, momentarily more intense but less persistent effect than the higher, which develop their effects more slowly and gradually, but more persistently.

4th. The more Homœopathic the remedy is to the disease, the more surely we expect curative results even from the smaller dose.

5th. In determining the dose, the peculiar nature of the drug demands especial consideration.

6th. The peculiar nature of the patient must be taken into consideration before prescribing.

Cases from Practice.

UNDER B. L. BHADHURI, L. M. S.

CARBUNCLE.

2nd September, 1881. Babu——— Aged 56 years. Suffering from Diabetes since 1870. Since last August, he has had a few erruptions of boils; just now there is one such boil on the right arm and a whitlow on the right ring finger. Gets up three or four times at night to make water. There is sugar in the urine, but how much not ascertained.

Acid Phosh. 12th Morning and evening.

10th Sept. The boil on the right arm has suppurated and occupies an area of about 3 inches diameter; the whitlow is much better now: there is a large Carbuncle on the left of the spine, about two and half inches below the angle of the scapula.

20th Sept. The Carbuncle on the back has become very large having a diameter of about four to five inches. A large slough came out of the boil in the arm leaving a hole which appears to be a very deep one, discharges a large quantity of matter. The ulcer on the finger does not also show any sign of drying up.

10th Oct. Ever since the last report, the patient was treated by an Assistant-Surgeon Homœopathically, who gave him Silicea 6th; an opening is formed a little below the centre, from which a large quantity of an acrid matter comes out. In spite of this suppuration the area of the Carbuncle is gradually increasing. The patient gets fever every afternoon; there is severe pain which keeps the patient awake at night. Arsenic 12th, morning and evening.

24th Oct. The fever is yet coming every day, though with less intensity. The spread of the Carbuncle seems to be arrested, but the pain as troublesome as ever. Character of the discharge

same. The ulcer in the arm is discharging less; the finger also appears to be better.

Arsenic 12. to be continued; one dose of Ars. 200. at night, for the nightly aggravation of the pain.

15th Nov. Seems to be improving. The pus collects in the depending portion, where there is a bag-like swelling in consequence, two or three openings are about to form on this dependent spot. The cores are distinctly visible, but no discharge yet from these openings. The patient cannot lie down on his back on account of this swelling. On the whole, he is improving, though the fever is not entirely gone. Aggravation of the burning after sleep.

Lachesis 30. Morning and evening.

1st Dec. The acrid nature of the matter seems to have changed for the better. A large slough came out of the Carbuncle which has at once given a different aspect to the wound. After discharge of matter there is a distinct hollow, and the ribs are to be plainly felt. The burning pain has entirely gone with the separation of the slough. The patient is also more comfortable. Fever almost gone. Silicea 12th morning and evening.

From this time the patient went on improving at a rapid rate. By the end of the month he has made a little accession to his blood, and his paleness had much improved.

TEST CASES.

UNDER B. N. BANNERJI, L. M. S., *Allahabad.*

Case 1.—Hystero Epilepsy. R. P. æt 30, well built. Sanguine temperament. Of sorrowful mood since he lost some paternal property. On the 30th July 1879, got suddenly a fit which the bystanders describe as follows:—The patient who was talking to a friend first complained of giddiness and as if something unusual would soon occur to him. As soon as he uttered these, he was about to fall down when his cousin caught

hold of him and prevented him from falling down to the ground. He became senseless, his hands began to pick up the cloths with great force, then the face became convulsed and the fingers contracted violently. There was no foaming at the mouth or movements of the legs or feet. In about two minutes the convulsive movement ceased, but the patient remained comatosed with contracted finger for about half an hour. Within an hour the patient came to his senses completely. After the fit was over, he looked vacant and could not answer promptly. Since then he looked blank and always answered hesitatingly, could not speak loudly, complained of formication in the limbs and dreams. He used to get fits every second day, ushered in by chilliness. The aura was not distinct. He used to fancy that dangers would befall him before long. His ideas became so quaint that his conversation, though little it was, was like a mad man. He used to complain of sleeplessness on the night.

5th September 1879.

Spt. Camphor m. iii during the violence of the fit, always used to mitigate it completely.

The Bell. 3. in drop dose, thrice daily, gave him much relief in the night, but the fits were in no way affected. From the commencement of the fits to the 4th of September he was under Allopathic treatment and took large doses of Bromide of Potasium, chloral, assafœtida, valeria, &c., without the least benefit.

Bell. was continued for four days.

9th Sept. Conditions much the same except that the sleeplessness was much less.

The Cup. m. 2 gr. i every 6th hour alternately with Bell. 3x m. i.

12th. These two medicines alternately produced marvellous effects. The second day fit which he used to get regularly for once a month and even when he was getting Bell. ceased entirely. He began to sleep without any disturbance. There was no more any hesitation in answering questions, his quaint ideas and formication, are all gone.

Cup. m. was continued for a fortnight only. I saw the patient on the 10th January 1882, and to all appearance he is cured having had no fits since the 12th September 1879.

HEADACHE FROM MECHANICAL CAUSE.

Case 2.—A Hindusthani lady, æt 18, had been suffering from severe headache of a cutting nature since the last three years. Had uterine derangement. She used to complain of great pain in the loins and left illiac region during the menses which were scanty and irregular in their appearances. Leucorrhœa with itching in the vagina used to trouble her in the inter-menstrual period. There was aversion to all kind of food and drink. She would sometimes complain that her limbs are all paralysed.

2nd January 1881.

Sepia 3. three doses daily for a week, did no good to the headache. On the 10th January, when I went to visit the patient, she told me that the headache dated from the death of her mother, when she bewailed and knocked her head against the floor, so much so that the forehead remained swollen for a fortnight. Arnica 3 thrice daily removed the headache in a couple of days. The headache continued before Homœopathic treatment for three years continually.

AMYL NITRITE.

In the beginning of September 1881, I experienced by accident the physiological effects of Amyl nitrite on my own person. On the 3rd of that month while opening a pack of medicines (Homœopathic) from a reputed druggist of London, there was a phial containing about four ounces of Amyl nitrite, but unfortunately the bottle was broken, and consequently I perceived a strong smell of the medicine. Without having any idea about

its bad effects, I incautiously opened the box and was overpowered as it were by the strong smell of it. I was for the time being out of breath, but soon recovering, found the following symptoms.

A sense of fulness in the head; headache, as if pressure from one temporal region to the other; some unpleasant sensation within the Cranium, amounting, I think, to heaviness in the inside, flushings of the face, copious perspiration and a sense of warmth in the face. These sensations are experienced immediately after the inhalation of the medicine. A few minutes after there was a pressure in the cardiac region, gradually it was increased to such an extent that I could scarcely breathe with ease. Painful pressure at the apex of the heart, the action of the heart was perceptibly increased in frequency and force. I believe that the action of Amyl nitrite is *primarily* upon the capillaries of the skin and superficial structures, dilatation of their calibre and the flux of blood is thereby retarded. Thus that flushing and perspiration take place immediately after the inhalation of the drug. After a time the embarrassment of cardiac circulation results. I quite agree with Dr. Hale in thinking that this condition of arterial excitement is followed by corresponding depression. This is beautifully expressed by him in the following words: "This singular and unique quality of Amyl makes it one of the very few remedies which in their action correspond with the physical effects of the mental emotions. If you study the effects of excessive joy, you will see a remarkable resemblance to the action of Amyl, namely, a sudden flushing of the face, a distension of peripheral arteries, a quick, bounding pulse, and an increase in the number and frequency of the heart beats. But during this period of increased action there is really a diminution of arterial pressure at the surface of the body. Sometimes after this Amyl flushing has lasted a few moments, the face changes to paleness and coldness, and a faintness supervenes, and the same occurs after the flushings of joy."

Since then I was on a look out to see some cases in which Amyl nitrite is a true simili, but could not get one. The only instance, in which I found out the therapeutic application of the medicine, was a case of sick headache. It was the case of a lady, aged about 25. She had an attack of severe headache attended with vomiting of bile and constant nausea; flushing of the face and copious perspiration. She told me that she felt as if fire is coming out of her face. Her menstrual function was not regular. I gave her Amyl nitrite 3d. dilution morning and evening for a week, and now she is almost cured, no attack of headache about three months. Formerly she was subject to it every month. I was told by a friend that a European physician had an attack of Angina Pectoris for about two years, and he perceived an instantaneous effect after inhalation of Amyl.

P. C. M.

Correspondence.

AN ENQUIRY.

To the Editor of the "*Indian Homœopathic Review.*"

SIR,—Will any of your readers be pleased to inform the undersigned the address of Dr. I. D. Johnson, M. D., of the author of Therapeutic Key, and oblige

Yours &c.,

C/o THE MANAGER, H. D. C.,

Indian Homœopathic Review, Calcutta.

COMMUNICATIONS received from Dr. Richard Hughes of Brighton (London) "On Pyrexia and Anti-pyretics;" Dr. M. M. Bose, "On Sanitation," which will appear in our next issue; and from Dr. Leopold Salzer (Paris.)

J. N. GHOSE, Presidency Press, Calcutta.

THE

INDIAN HOMŒOPATHIC REVIEW

Vol. I.] MAY, 1882. [No. 5.

I.—LOGIC OF HOMŒOPATHY.

The opponents of Homœopathy are many and various. And while we cannot too highly admire the courage and perseverance with which our brethren in England have been fighting numbers superior to their own, we believe we shall not be guilty of appropriating to ourselves an undue measure of credit if we say that we in India have to fight antagonists at least as formidable as those in England, and numerically much larger than they. The formidable character of our antagonists arises from their ignorance. We have to break through a dense mass of superstition, prejudice and crass ignorance. In England, if one had to expound a system or gain recognition of a law, he would not have to begin with an exposition of first principles. He would not have to explain what induction and deduction meant, what was the degree of certainty that attached to scientific conclusions, how laws must be proved and how they were discovered. The English controversialist has very often to deal with men well read in Logic, well read in science, trained to scientific habits of thought and capable of expressing their views in clear and systematic form. One readily sees the nature of their objections and knows how to meet them. In England, and other advanced countries, most of the objections to Homœopathy proceed from an ignorance of Homœopathy itself and of the foundations on which it rests. The objectors are scientific men and we have no doubt they would be converts to our faith if only they could have the patience and humility to read our

books and to test our facts. In this country, objections proceed not only from an ignorance of Homœopathy, but also from an ignorance of science and scientific methods of reasoning. Men do not see the relevancy of facts, cannot distinguish relevant facts from irrelevant. Their objections are so vague that one hardly understands them. Mere fustian, mere empty declamation, mistaken notions of Homœopathy, unfounded hypotheses, these are pitilessly flung at our heads, while we are trying to explain what Homœopathy is and what are the grounds of our belief in it. This class of objectors, be it remembered, does not come from the ranks of the uneducated. On the contrary, it is almost exclusively composed of men, who are supposed to have received a liberal education and belong to the learned professions or are high in official life. Poor, unsophisticated men do not care to indulge in speculative argument. They go by experience and are thankful for every little benefit they receive. It is the gentlemen occupying the higher stations in life that are most stationary in their ideas and most disposed either to blink completely or throw ridicule on the triumphs of a new doctrine. They know as little of the subject they argue about as the mob, and are at the same time a great deal more persistent in error than they. These educated gentlemen, even when they are cured by a Homœopathic remedy, would attribute the result to the operation of the unaided forces of nature, and would not acknowledge any obligation either to Homœopathy or the Homœopathic physician. One hardly knows how to drive the truths of Homœopathy into thick skulls even if those truths could be proved as conclusively as the propositions of the *Principia*. The writer of this article remembers many occasions when in the midst of a warm discussion he has cut short the tremendous harangue of some violent declaimer on Homœopathy by simply asking him, "What sort of proof would convince you of the truth of the system you denounce?" This, after all, is the question of questions. Homœopathy is a law which has reference to physicial phenomena and not to

spiritual, to natural phenomena and not to supernatural. Homœopathy as a system is based on that law. Belief or disbelief in the law must be induced by reasoning and not by conjecture. The law must be accepted or rejected on the testimony that is offered in its favour; there is no compulsion on us to profess adhesion to it only to please those who are in authority over us, or as a matter of social convention. It makes no demands upon feeling; it only appeals to the intellect. He who accepts it is bound to justify his conviction, and he who pronounces it false, is also bound to state the grounds on which he considers to be so. Homœopaths, so far as we know, have discharged their share of the burden. They have offered and are always ready and willing to offer the evidence which they have got in favour of the law. Those who suspend judgment are perfectly justified in adopting that course if they have no time to examine the merits of the system. But those who reject it and call others fools for accepting it are bound to show either that the law is not proved to be true or that it has been proved to be false. It is singular that while the adherents of Homœopathy have been piling heaps upon heaps of books to prove that their system is founded upon a sound generalization, not one single writer out of our innumerable opponents, has ventured to prove either that the generalization is wrong or that some other generalization is correct, or that there is a flaw in the reasoning by which our generalization is sought to be established. The vague idea floats in many minds that whichever system cures is right. Now the fact is that cures are observed under both the systems of treatment; and deaths are also observed under both the systems. Doctors kill and cure; quacks also kill and cure. But quackery and science are not therefore synonymous. The cure test is, therefore, no test at all. Logically, the vague idea we have just spoken of is utterly untenable. Facts of cure are only instances of verification, and verification is only one step, being in fact the last step, in proof. Verification of what? There must be some law to start with.

The law must be inductively obtained, extended to fresh cases and ultimately verified. To put the matter clearly: true laws always stand the test of verification, but whatever stands the test of verification is not a true law. If we say that because today is a rainy day, we shall have an eclipse of the sun to-morrow, and if as a matter of fact we do have the eclipse at the time we predicted, our prophecy is verified no doubt, but who will say that our law is correct, namely, that an eclipse of the sun always takes place on the day after it rains? This is a matter worth remembering, for our so-called educated men, when they are most generous and will listen to any reasoning at all, listen only to stories of cure. As we have said already, even phenomena of cure would not make any impression on stupid minds, but those who are a little more sensible will take note of facts of cure, but of nothing else. That is the best medicine which cures; and he is the best physician who cures. These two propositions appear to be almost self-evident to a certain class of minds, but they are vitiated by the fallacy we have just noticed, that of supposing that because good laws stand verification, therefore, whatever stands verification is a good law; in other words, that because right medicines and good physicians cure patients, therefore, whoever cures is a good physician and whatever cures is the right medicine. Especially necessary is it to sound a note of warning in this country; for here there are a great many Homœopathic practitioners who are laymen, that is to say, quacks and a great many others who though scientific men are not trained in Homœopathy. When, therefore, people in this country form their judgment from observation of facts of cure, they run a double risk. First, they run the risk of inferring that whatever remedy brings about a cure is the most appropriate remedy that could have been chosen and secondly, they are in danger of jumping to the conclusion that because a Homœopathic practitioner fails to remove a particular disease, the resources of Homœopathy in regard to the treatment of that disease are exhausted. A man gets fever

and is cured by the Allopathic "fever mixture." He comes and boasts that Allopathy has succeeded. This is an illustration of the first risk,—namely, to suppose that whatever cures is the most appropriate remedy, there being nothing to show that the cure could not have been effected in a more rapid, gentle and permanent way by the administration of a small dose of some single medicine. Then again, a man gets fever and calls in a Homœopathic practitioner who fails to cure him. He, or if he is dead, some relation of his, boldly asserts "Homœopathy has failed." This is an illustration of the second risk,—namely, to suppose that every individual practitioner of Homœopathy is an incarnation of the Homœopathic law of Hahnemann.

It is necessary to state once more distinctly that it is the duty of every one who rejects Homœopathy to show why he rejects it. If he is prepared to prove that the law does not represent an accurate generalization, let him prove it by all means. If he is content with destructive criticism and is prepared to prove that the reasoning by which the generalization is sought to be established is erroneous, let him point out the error in the reasoning. Let him tell us what his ideas of proof are, and what proof will convince him of the truth of Homœopathy, and we shall do our best to satisfy him unless his conception of proof is illogical.

Before we state our views of proof, and before we examine the nature of the proof we can offer of Homœopathy, it is right that we should state the distinctive claims of Homœopathy,—what it is and how it differs from other systems. Proof and discovery are different things, and logic has to deal with the former and not with the latter. Well then, what is Homœopathy? It is a law of cure. It does not imply a particular mode of drug action, but only furnishes a rule for the selection of medicines. It has reference only to the treatment of diseases; it is only a therapeutic law. Homœopaths have not got a special Pathology, a special Physiology, a special Chemistry, a special Anatomy, a special Botany. These sciences so far as they are

sciences must be the same in all ages and countries and in every system of medicine. But the treatment of disease has always been considered by the Old School as independent of law; no claims have been advanced for therapeutics as a science. There is room, therefore, for divergence of opinion on this head One class of physicians recognize the *contraria contrariis*, and the other the *similia similibus* principle as the guide law for the selection of remedial agents. But both classes have to read the same Anatomy, the same Chemistry, the same Botany, the same Physiology and the established portions of Pathology. This is especially worthy of the notice of our countrymen for they are apt to think that Homœopaths need not learn any Chemistry or Physiology at all, for unfortunately there are a good many quacks in this country who give themselves the airs of Homœopathic physicians. Homœopathy as a system, therefore, is differentiated from the opposite system only by a special therapeutics founded mainly on a special therapeutic law. The great distinctive claim of Homœopathy is the law of *similia similibus* which Hahnemann discovered, expounded and illustrated; and this is unshaken by all the physiological and pathological discoveries of modern times which prove that some of Hahnemann's notions of Physiology and Pathology were erroneous. "If in the advancing progress of pathological science, assisted by physiological experimentation, the proximate causes of some diseases seem to be becoming revealed to us, it cannot be laid as a sin to Hahnemann that his pathological knowledge was not half a century in advance of his age. It remains to be seen whether the supposed greater insight we now have into the proximate causes of disease has been of much or any service in the treatment of disease. It is rather a significant sign of the contrary that at the great International Medical Congress held last August in London, while a great deal was talked about pathology and its wonderful revelations as to the proximate cause of many diseases, scarcely a word was said about therapeutics. In fact, notwithstanding the flood of light that

we are told has been of late years let in upon the intimate changes in the organism effected by disease, patients are not a bit better off as regards the cure of their diseases than they were before all these recent wonderful pathological revelations." —*British Journal of Homœopathy, April* 1882.

The next point to be considered is that Homœopaths though they do not repudiate the necessity of inquiring into the causes of disease nevertheless do not regard the search after causes as of primary importance in the treatment of disease. To the Allopaths the so-called causes are essential, for they employ chemical or mechanical agents. A patient presents certain symptoms; the cause is supposed to be the presence of some acid in the stomach and instantly an alkali is administered. If the cause supposed is accumulation of fœcal matter, castor oil is administered which acts mechanically. Homœopaths who employ dynamic remedies do not trouble themselves about this sort of causes. To them disease means the totality of the symptoms, that is, the sum total of the subjective states of the patient and the physical phenomena perceivable by the physician. Many of the so-called causes would come under this definition of symptoms.

The causes which are of importance to the Homœopath are either such as may be regarded as symptoms, or such as only leave their effects as part of the disease. Acidity the Allopaths would take to be the cause of several symptoms; in Homœopathy Acidity would be treated as a symptom. Homœopaths would care to inquire if a particular diarrhœa was caused by eating fruit, or drinking milk or taking too much ice. But this inquiry into the cause is not made with a view to remove the cause, for no medicine will undo an act of eating or drinking, but only to remove the disease consisting of symptoms which are the effect of the cause sought for.

Another claim of Homœopathy is that it recognizes or rather insists on the necessity of observing the effects of medicines on healthy subjects. It is only in this way that an inductive

science of medicine may be built up. When a man gets ill and we go on tentatively administering to him one medicine after another without knowing anything definite of the properties of the medicines so employed, until some one medicine is found to answer and then we proclaim that medicine as a remedy for a particular disease,—such a procedure is not induction, but empiricism. It is commonly supposed that because Allopathic medicines were discovered after a long series of experiments, therefore, they are the result of valid induction, as if induction means nothing more than stumbling upon a discovery in the course of making a number of experiments at random. We shall have occasion hereafter to discuss the validity of Homœopathy as an inductive generalization, but for the present we are anxious to have it understood that Homœopathy so far from being a system of quackery proceeds in the strictly scientific way of noting the effects of medicines upon the healthy. We have endeavoured so far to show what Homœopathy purports to be and how it differs from other systems. In subsequent articles we hope to show that the differences are all in its favour.



HOMŒOPATHY, WHAT IT IS?

Single Remedies, their Preparation and Repetition, &c.

Before the time of Hahnemann several physicians of repute perceived the baneful effects of polypharmacy, but it was Haller who emphatically advised the use of single medicines in disease. His directions, however, never received the attention that it deserved, and it was reserved for Hahnemann to grasp the real merit of this mode of administering medicines. If he had done nothing else, the introduction of this reform alone into medicine ought to have immortalized his name. The deplorable state of the Old School therapeutics is solely to be attributed to this baneful practice, and it is simply surprising that otherwise really great men do

not see through this. To us it is an inevitable deduction from the law of similarity. Our provings of drugs have afforded opportunities of knowing how various are the effects of single remedies, and how each can develop the different phases of a disease. It is a want of knowledge of this fact which has led the Allopaths to mix drugs of different symptoms to make a component whole, to correspond to the totality of the symptoms of a disease. Of course in theory this appears sound enough, but when we come to test the value of the mixture at the bedside of a patient, it is then that its inutility becomes patent. The patient requires perspiration and you have the time-honored Nitric Æther. Something to act upon his bowels, you have the Magnesia Sulph., there is some cough too which requires removal and you mix a few drops of Ipecacuanah—all this with the well-known vehicle Camphor mixture or Aqua Anisi gives you a nostrum which is at once to answer your purpose and cure the disease. But alas! this high expectation is never realized in practice and the rationality of the method proves itself to be nothing more than vapid nonsense. It is true that mixtures might be proved according to Hahnemann's directions and used as single remedies. But we consider this useless, because so many single remedies are remaining to be proved. Besides we have seen so conclusively the efficacy of single remedies we consider it quite unnecessary to depart from this rule.

It is to be regretted that even among Homœopaths this mixing of drugs is now and then resorted to. Dr. Egidi first introduced this into Homœopathy which was afterwards adopted by Lutze. We have tried in a few cases this sort of practice, but we have totally failed to derive any benefit whatever from it. Even alternation of medicines we look with great disfavor. It is true where there is a mistake in diagnosis, alternate administration of two drugs may be tolerated, but as soon as this is cleared up, we must give up the practice. This alternation of medicines is generally resorted to by physicians in cases of croup, and it is a disease where this practice is justified on account of the

gravity of its symptoms. But as soon as the diagnosis is satisfactorily made, the reason for its justification no longer exists. This system of alternation is condemned for two reasons; first, it hinders the proper action of each of them and also renders our observation obscure and unreliable. We do not for certain know which was the medicine that brought about the real cure. We must needs adopt this alternation whenever a similar case occurs. We have on good many occasions felt the inconvenience of this sort of practice. With the proper study of the actions of medicines, this practice of alternation necessarily ceases. We would advise our young colleagues never to adopt this practice unless forced by circumstances to do so. This will make their path much more difficult, and the experience gained perfectly unreliable.

As regards the repetition of drugs, Hahnemann advises us never to do it unless the action of the previous dose is exhausted. This no doubt is very easy in theory, but to reduce this into practice is something quite different. If we could make out with certainty the true similimum of a disease, we could certainly afford to wait, but every physician who has practised Homœopathically, knows what that means. This waiting is again admissible if we could decide upon the sure signs of a medicine having ceased to act. At all events in chronic cases nothing is lost by waiting a reasonable length of time, but in acute cases it is out of place unless we are sure of the similimum and the signs above referred to of a medicine having ceased to act. As a general rule all practitioners act upon the principle of repeating the dose the more frequently the more intense the disease. In a case of cholera we might go to the length of repeating the dose every five minutes; so also in a case of croup.

Frequent change of medicines are contrary to the spirit of Homœopathy. The best course is to take good care to select the right medicine and then give it a fair trial before giving it up. We are of opinion that when two doses of a medicine, fail to act, it is useless to continue it any longer. If we are

convinced that, that is the right medicine, it is better to give a different dilution. Our plan is to prescribe a lower dilution when the higher has failed and *vice-versa.*

In the preparation of the different Homœopathic medicines too we observe the great practical tact of Hahnemann. Every physician, if he means to practise his system successfully, must prepare his own medicines. Our great master understood the usefulness of this, and laid down rules at once simple and comprehensive. The following are the general rules to be observed in the preparation of our drugs.

There are three different preparations of our medicines. The Tincture, the Trituration and the Globules.

Tinctures are prepared by means of Alcohol, and in their undiluted state are called Mother Tinctures. Dilutions are made from these mother tinctures in two ways, called the centesimal and the decimal scale. In the former, one drop of the original Tincture is added to ninety-nine drops of Alcohol and shaken one hundred times to form the 1st centescimal. One drop of this first dilution mixed with ninety-nine drops of Alcohol and shaken as above gives us the 2nd dilution and so on. Hahnemann prepared all his dilutions in this way.

The second method called the decimal scale consists in mixing ten drops of the original Tincture to 90 drops of Alcohol and shaking as above to obtain the 1st dilution, and so on. This shaking is best performed by holding the body of the vial with the thumb and the middle finger and placing the index-finger on the cork. Strike the bottom of the vial on the palmer surface of the other hand. Now-a-days different sorts of shaking machines are coming into use. We prefer hand-made dilutions to those prepared by the machines.

Inorganic substances are best attenuated by means of trituration. One grain of the chemically pure, and if possible, amorphous powder is rubbed up in a mortar with 9 grains of sugar of milk for one hour. This gives us the 1st Trituration. This triturating process is continued generally up to the 3rd potency,

after which liquid attenuations are prepared. To this end one grain of the 3rd Trituration is mixed up with 99 grains of dilute alcohol.

Organic substances that can only be imperfectly extracted by means of alcohol, or not at all, have likewise been triturated. Likewise such vegetable substances as can only be obtained dry. Soluble inorganic and organic substances are prepared in a liquid form at the outset.

Globules made of sugar are prepared for use by moistening them with the liquid attenuation.

PYREXIA AND THE ANTIPYRETICS.

A Lecture Delivered at the London School of Homœopathy, July 15th, 1880; by Richard Hughes, M. D.

Gentlemen,

We have now completed our survey of the medicines which, from the control they have shewn themselves capable of exercising over the febrile process, may be called *Antipyretics*. They have been these:—

Acidum Muriaticum.	Cinchona and Quinine.
Aconitum.	Crotalus.
Arsenicum.	Gelsemium.
Baptisia.	Hyoscyamus.
Belladonna.	Rhus.
Bryonia.	Veratrum Viride.

We have discussed each number of the series separately; and it now becomes our duty to group and compare them in their relation to the several forms and varieties under which fever may present itself.

Before doing so, however, I think it desirable to dwell for some little time on fever itself, and to ascertain what is known of its inner nature and of the manner of its occurrence.

That fever, pyrexia, consists essentially in increased temperature of the body, appears from its name, which in both Greek and Latin points to combustion or glowing heat (Lat. *febris* from *feuer*, fire; *febris*, from *fervere*, I glow). We shall see hereafter that something more than heat of body is required to constitute the clinical entity we call fever; but though there may be hotter blood (as ascertained by the Thermometer) without fever, there cannot be fever without hotter blood. Now this organism of ours is so nicely adjusted, both in its inner relations, and in its reactions with the environment, that the temperature of our bodies is at all times and under all circumstances almost uniformly the same. Whether we shiver at the poles or swelter in the tropics, whether we glow with exertion or feel the chilliness of sedentary and in-door life, the Thermometer in our armpits tells the same tale, and marks 98·4° of Fahrenheit's scale, 37° of the Centigrade, as our normal heat. There are, of course, oscillations about this fixed point, according to time of day, meals, exercise, and so forth; but they observe very narrow limits, rarely transcending two degrees of the one scale or one of the other. This uniformity is secured by a due compensation between the production of heat and its loss. When production is stimulated, as by external warmth or physical exertion, the perspiring skin allows a freer radiation: when heat-formation, in coldness or quietude, is small, the dry surface and contracted cutaneous arterioles restrain the loss of what there is.

It would seem, therefore, that for fever to exist one or both of those compensating functions must be disordered. There must be either increased production of heat, or diminished loss or the two must coincide. Both of the first two alternatives have had their advocates. Restriction of heat-radiation may undoubtedly cause elevation of internal temperature, as has

been ascertained experimentally during exposure of the skin to cold air or water; and, although the increase is too moderate to attain of itself the febrile height, it may yet be sufficient to set going, in vulnerable tissues, the excessive heat-production which the opposite theory requires. I apprehend that this is the rationale of the simple fever which results from a chill. When in America in the Summer of 1876, and sitting in the usual perspiration which the heated term of that year developed, I went out on a piazza to see a thunderstorm advancing over the country. The strong blast of wind which as often heralds such a storm swept down upon me, and closed my opened pores with irresistible force. The next day I felt I had "caught cold," and in two days more coryza had developed itself, and I had a temperature of 102°. This fever was out of all proportion to the local symptoms, which were quite moderate. It had been forming, I apprehend, ever since my chill; and its starting-point was the check to heat-radiation which then occurred.

I would explain "catarrhal fever," then, by diminished loss of heat as its primary cause; but I have already said sufficient to shew that increased heat-production must also be set up to constitute the fully-developed malady. Without it febrile temperatures cannot be attained; and that it is present in fever is shewn by the increase of tissue-waste manifest therein. Excess of urea in the urine precedes rise of temperature and outlasts its decline, and ranges from 1½ to 3 times the amount of its proportion in health. What does this mean but increased oxidation? and how can increased oxidation go on without rise of temperature? "The essential sources of heat in the organism are exclusively chemical processes, based upon oxidation." (Wagner). By this I do not mean to assert that heat-production is not a vital process: on the contrary, I believe it due to operations going on in the living substance, in protoplasm. But I mean that the changes which occur there, and which lead to such excess of tissue-waste as is shewn by increase of the urea excreted by the kidneys, are of the nature of oxidation; and

in common with that process elsewhere are necessarily accompanied by the evolution of heat.

To hyper-oxidation, then, I think we must look as the main source of the undue heat present in the febrile state. In catarrhal fever, it is probably secondary to disorder of the apparatus which permits of heat-radiation; and in fevers dependent upon local inflammations (including those of hectic type) the tissue-destruction may be limited to the seat of mischief. But in the essential, toxæmic fevers,—in typhus, typhoid, variola, scarlatina, and their congeners, I take it that we have hyper-oxidation of the blood, or the tissues, or both, as the primary factor of the morbid process. The virus of their contagion, when imparted to a susceptible subject, acts as a spark to the combustible elements, and the mischief slowly spreads. These fevers are thus more prolonged than those of catarrhal origin; and do not subside, as the latter do, on the supervention of perspiration, which liberates the retained heat; and so removes a main factor of the whole trouble.

But there is yet another possible source of increase of temperature; and that is the nervous system. I do not mean so much that portion of it which, from its influencing the calibre of the arteries through their muscular coats, is called *vaso-motor*. This, of course, is largely concerned in the heat-regulating function of the surface, in which the blood-vessels play so important a part. At one time their contraction, constituting the cold stage, and then dilatation, which formed the hot stage, of fever, was supposed to be of the essence of the process. But it is now known that the chill may be altogether absent, so the heat is no more re-active dilatation of the superficial vessels; and, on the other hand, when the chill does occur, it is found to be an evidence that the temperature has already risen. Its only causal influence can be some amount of heat-retention when it is prolonged. Again, after paralysis of the *vaso-motor* nervous system by destruction of the principal centre, no fever is induced unless the animal be placed in a hot room. He is unduly

sensitive to his environment, but is not otherwise febrile: indeed, if the temperature be low, he will die of cold. But experiment seems to shew that there are heat-centres in the spinal cord independent of the *vaso-motor* nerves; and that their injury is capable of setting up a high degree of pyrexia. Brodie found that at the end of forty-two hours after crushing the lower part of the cervical enlargement of an animal's cord, the temperature (Centigrade) was 43·9° the normal being, as you know, 37°; and Billroth, Simon and Naunyn have seen corresponding effects from injuries of this kind in the human subject. Some of you may remember the remarkable case which Mr. Scale reported to the *Lancet* in 1875, and in which the temperature continued above 108° for more weeks, sometimes rising to 122° and even above it. This, too, was one in which injury to the spine had occurred. I have mentioned those facts, though I know not whether they have much bearing upon ordinary fever. They possibly account, however, for the occasional supervention of that hyper-pyrexia which has frequently been noted of late, and which puts the patient in such peril.

The only types of fever for which these views do not account are the hectic and the intermittent. Either is marked by a series of paroxysms made up of more or less chill, heat, and sweat, usually occurring in this sequence, and having a rapid rise and fall of the temperature of the blood as their basis,—the rise being here as elsewhere accompanied by increased excretion of urea. In hectic, we have a local infective process, where suppuration is going on; and any continuous pyrexia which is present, may be explained as is that of the fever symptomatic of inflammation of any part. For periodical paroxysms of the kind, however, we must invoke the agency of the nervous system; for we can hardly suppose, as some have done, that the pyrogenic matter accumulates and discharges itself with such rhythmical regularity. The malarious fevers may be similarly regarded. Here, too, the exciting cause is probably of a substantive charac-

ter, *i. e.*, it consists of an abundance of low forms of vegetable life; but here, too, I think, we must look to the nervous system as the source of the paroxysms. It may be that thus is explained the fact so often noted, that it is easier, with the attenuated remedies of Homœopathy, to cure chronic intermittents than acute. The latter have the cause still present and in operation: the former consist rather in a morbid habitude of the nervous centres, which a strong mental impression will often remove as effectually as an appropriate drug.

From the nature of fever we may now pass to the forms under which it is manifested. The classification generally accepted in the last century was that an outline of which I now pass round.

FEVER.

- Symptomatic.
  - Inflammatory.
  - Hectic.
- Idiopathic. ...
  - Intermittent.
  - Remittent.
  - Continued. ...
    - Synocha.
    - Synochus.
    - Typhus. ...
      - Nervous.
      - Putridus.

"Symptomatic" fever was that obviously dependent upon some local inflammation; and, if continuous, was known simply as "inflammatory;" while, if it occurred in a succession of daily paroxysms, it was called "hectic," "Idiopathic" fevers were those apparently of primary origin; and these too were divided accordingly as their phenomena were "intermittent," "remittent," or "continued." Continued fevers were further sub-divided on the basis of the character of their symptoms. If those were of the simple and sthenic kind familiar in inflammatory fever, the term "synocha" was used to designate the patient's illness.

If of a somewhat lower type, "synochus" was substituted as their designation; leaving "typhus" for the well-marked "low fever," and adding "nervous" or "putridus" as the stress of the disease seemed to fall upon the nervous centres or on the blood.

Such a classification is obviously unsuited for nosology, when once the essential nature of certain fevers, and their dependence upon definite miasms or contagions, is recognised. The distinction of symptomatic and idiopathic pyrexia still indeed holds good, and pyrexia and septicæmia find appropriate place as varieties of hectic. But intermittents and remittents are now classed together as malarious; while continued fevers are recognised as occurring under the four forms of ephemera, relapsing fever, typhus, and typhoid, to which some would add a "common continued fever"—the "fievre synoque" of the French, the "gastric fever" of our popular language. Speaking generally, there is a tolerable coincidence between the apparent and the real types. Ephemeral fever is synochal in character, as is also the catarrhal. Relapsing and gastric fevers would of old have been called synochus; while typhus and typhoid commonly present the characters of the typhus putridus and nervous respectively. But, while this is so, we must not let the ancient distinctions be swallowed up in the modern, as though altogether obsolete. While the latter are all important for prognosis of the course and probable terminations of fevers, and for their general management, the former still hold good for therapeutic purposes. They are symptomatic, and therefore lend themselves with great appropriateness to a method of drug-selection which uses symptoms as its materials.* The same may be said of those recognised varieties of our common continued fevers which are now referred to the "typhoid" or "gastric" category. Trousseau gives them as "mucous," "bilious," "inflammatory," "ady-

* This lecture was originally delivered before the appearance, in the *British Journal of Homœopathy* for April, 1880, of Dr. Drysdale's interesting communication on "Pyrexia." I was pleased to find that I had his concurrence as to the abiding value of the old distinctions between fevers.

namic," "putrid," "ataxic," and "malignant." Trinks, to whom we owe a valuable study of "abdominal typhus," (*i. e.*, typhoid) in its drug-relations, describes it as occurring under the forms "simple," "biliosus," "pituitosus," "putridus," "nervosus versatilis" and "nervosus stupidus." While the essential fever thus manifesting itself may be one and indivisible, the various forms under which it appears are no less realities, and require a suitable adjustment of our drug-remedies, as they do of those of a more general kind.

We may now consider our antipyretics in their relation to fever, in the kinds and shapes in which it has come before us. We may, I think, take certain representative medicines, and count them as types, under which headings others may find their appropriate place.

1. Concerning *Aconite* we have learnt that the fever in which it is specific is the "synocha" of the old authors, and finds its best illustration in that which results from a chill; and that it is neurotic, not toxæmic or sympathetic, in nature. The drug has little control over the fever which is symptomatic of a fully-developed inflammation,—still less when the character of the local mischief induces hectic, or the pyrexia of pyæmia or septicœmia. It does not influence the malarious fevers, or those in which blood-poisoning is an important factor. Its sphere is the nervous system and the circulation; and just so far as fever belongs to these portions of the organism, so far can Aconite induce it in the healthy and remove it in the sick.

Putting this together with what we have learned to-day, it would appear that Aconite is antipyretic, not by diminishing the hyper-oxidation on which (ordinarily) depends excessive heat-production, but by regulating the apparatus, provided for heat-liberation.* It is in the fevers brought on by a chill, and

* I find that on this point, I am not in accordance with Dr. Drysdale, who thinks that Aconite subdues fever by acting on the disordered protoplasm whence comes the excessive heat-production. The only reason he alleges for his view is the smallness of the doses required; but I know of no reason for thinking that larger doses are necessary to promote heat-liberation than to check heat-production.

in whose cold and hot stages alike the skin is dry and the cutaneous vessels tense, that it displays its greatest powers. And hence, on the one hand, the rapidity, on the other, the short duration, of its action. When once the tension of the nervous and circulatory systems has been relaxed, and the pent up heat liberated, Aconite has nothing more to do; but this admits of being done within a very short time, and Aconite can do it. We do not continue this remedy for days together, as we do with Belladonna and Arsenic. Hahnemann's single dose, or the frequent repetitions of the later practice of most of us, accomplish their work in twenty-four hours at the most; and then, if necessary, other remedies come in.

The only other antipyretic which can be classed with Aconite is *Gelsemium*. This drug is not irritant to any tissues, so that it cannot set up higher oxidation anywhere; and yet its earliest prover, Dr. Douglass, states that he has repeatedly seen it produce a febrile chill with subsequent re-action. It is thus on the nervous system that it acts, and on the Homœopathic principle that it prevails as a febrifuge, in which capacity it is undoubtedly of much importance. You will remember that its type of fever is not the acute disorder of Aconite, with its anxious restlessness and craving thirst. It is a much less active disturbance—a synochus rather than synocha. On this, however, it acts with much rapidity, speedily relieving heat, oppression and aching, and restoring the organism to its normal state.

2. The type of the second-class of antipyretics is *Belladonna*. When lecturing upon this drug, I have shewn you that it produces a true pyrexia—one whose chill is slight, but its heat prolonged and considerable. I have quoted Dr. Harley as comparing this with that which prevails in the continued fevers, and also as speaking of the whole phenomena of the drug as attributable to excessive stimulation of the nerve-centres, attended by increased oxidation. The fever of Belladonna is thus obviously one in which augmented heat-production is the source of

the evil; and the tissue whose hyper-oxidation supplies the heat is the nervous. It thus becomes the Homœopathic remedy for the "nervous fever,"and the "typhus nervosus" of the old nomenclature. It is, as I have said, "where there is too much blood-poisoning for Aconite to act, but not enough to require Arsenic, and where the disorder of the vegetative life for which Baptisia is indicated is less prominent than that of the nervous centres, that Belladonna finds its sphere." Thus in the early stage of the continued fevers especially in that form of them which used to be known as "cerebral typhus"; in the initial fever of variola and throughout that of scarlatina; in puerperal fever where the brain is much affected; and in the "brain-fever" of over-excitement, it is our great febrifuge. It does not act rapidly, and the nature of the disorder will not permit this: but steady perseverance with it will give the most gratifying results.

With Belladonna are to be classed its two sister-drugs—*Hyoscyamus* and *Stramonium*, and more remotely, *Agaricus* and *Veratrum viride.* Both Hyoscyamus and Stramonium cause a fever like that of Belladonna; but with the former the cerebral functions are more oppressed, with the latter more erethistic. Coma-vigil, with incoherent muttering, indicates the former; excessive delirium, emotional disturbance, trembling, restlessness, the latter. This phenomena may occur in either the typhous or the puerperal fevers. As alternatives to Stramonium, we may think of Agaricus and Veratrum Viride. The study of the physiological effects of the former led Dr. Roth to recommend it in the ataxic form of typhus; and Dr. Drysdale and several other observers have verified the suggestion. Tremor, loquacity and a constant desire to get out of bed are the indications for it, and typhus its sphere. Veratrum Viride produces effects on the nervous centres which shew it as a true *simile* in their erethistic and hyperœmic conditions; and it has proved a true calmative to them. It appears to be specially suitable to the febrile accidents which occur in the puerperal state; and Dr. Ludlam strongly urges its use here in preference to any other antipyretic.

3. I come now to *Arsenicum* and its congeners. Arsenic has the power of inducing that peculiar morbid condition of the nervous centres which shews itself in recurring paroxysms of fever, which are often periodic. It also developes, in certain cases, a persistent febrile state which has been several times compared to and once mistaken for typhus. As changes in the blood rapidly follow upon the action of this poison, I think that we may fairly look here for the hyper-oxidation which shall account for the latter phenomena. Arsenic thus corresponds, on the one hand to such fevers as the malarial, the hectic of pthisis and marasmus, and the pyœmic: on the other, to typhous febrile conditions, however, occurring. We all know its value in both of them.

This double action of Arsenic gives it two kinds of analogues. As playing a similar part in neurotic fevers, we have *Cinchona* and *Quinine*. These too excite the febrile paroxysm, and they control its recurrence, whether it arise from malaria, or be of the hectic character. In pyœmia the arsenite of quinine (Chininum arsenicosum), as recommended by Kafka, is of signal service. Our French colleagues have shewn us the great value of Quinine in attacks of collapse, resembling those of pernicious fever, but coming on in ordinary acute disease. Bark, however, has no action on the blood; and as congeners with Arsenic here we must look to the serpent-poisons. These affect the blood both primarily, setting up a different state of it, and secondarily, through infection from the unhealthy wound caused by the bite. With both forms of toxœmia there is fever. They thus suit alike the malignant and hæmorrhagic forms of the primary fevers, including yellow-fever, and septicœmic pyrexia from local infections, giving them the wide range of usefulness they enjoy among us. As a rule, *Crotalus* has the preference in the former class of maladies, *Lachesis* in the latter.

4. We are now well-furnished with medicines which cause fever by wasting the nervous centres and the blood; but we want another set which shall serve us when the morbid process

is seated in the more lowly-organised tissues—in those of the vegetative system. The type of such medicines is *Bryonia*. In its fever there is little cerebral disturbance, little blood change: pains and gastric symptoms are the predominant features of the malady, and point to the fibrous, serous, muscular and mucous tissues as those mainly affected. It thus becomes suitable to common continued fever (often known as "gastric") to relapsing fever, and to acute rheumatism. In the early stage of typhoid, when neither neurotic nor hœmatic disorder is manifest, it is suitable, and was in much esteem among the older Homœopathists. Its fever is a synochus.

With Bryonia go *Muriatic Acid*, *Baptisia*, and *Rhus*. The first is an alternative to it in the early stage of typhoid, when pain and gastric disorder are not marked, and when a good deal of erethism is present. In mild cases, it may never be continued throughout, as it has some action on the blood, and controls intestinal ulceration. It is useful also in diphtheria, where a low fever is present. Baptisia is not more suitable to, but perhaps more potent in the same condition. Its fever has not the pains of that of Bryonia, but the gastric symptoms are still more marked, and it obviates the tendency to putrescence. It has become, in the hands of most of us, *the* remedy for common continued fever, which it simply breaks up: it moderates the whole course of typhoid, when not severe enough for Arsenic; and it has proved very effective in relapsing fever and in variola. Rhus, unlike these, causes the pain of Bryonia, and plays a part only inferior to it in the treatment of acute rheumatism. It is reckoned also an anti-typhoid, but I am far from being sure of its efficacy as such or of the place it occupies in relation to other remedies.

These, gentlemen, are the leading classes of our anti-pyretics, and the drugs which fall within these. I have characterised the latter but briefly here, having done so in detail in my systematic course of lectures.* The groups now formed and comparisons

* *Manual of Pharmacodynamics*. Fourth Edition, London: Leath and Ross.

instituted will aid you, I trust, to apprehend yet more clearly their genius and sphere of usefulness, and so to employ them with enhanced precision in the various febrile states which come before you.

Cases from Practice.

UNDER P. C. MAJUMDAR, L. M. S.

PNEUMONIA.

25th August, 1881.

Case 1.—Basawanta———, aged about 45 years. Had an attack of fever at Rangpur in the beginning of August, and was treated by an Allopathic doctor. Fever was of a remittent type. After a few days' heroic treatment there was an abatement, but no complete intermission. He was in the service of a distinguished and kind-hearted lawyer of that place who, finding no relief by the best medical help possible there, brought him (the patient) at once to Calcutta. The gentleman had a very great confidence in the healing power of Homœopathic medicines, and therefore placed him under my care on the 25th August. I found, body emaciated, skin hot and dirty color, conjunctiva bloodless, face haggard and careworn, fever came on in the afternoon, generally at about 4 or 5 P. M., with slight chill, hands and feet icy cold, after a short time heat came on with thirst, but very little water satisfied the patient. The sweat begins about 9 or 10 in the night, there was not perfect apyrexia. Perspiration was not profuse, there was cough. It increased in the fever time, and relieved in the morning. There was copious yellowish expectoration of salty taste. It was tinged with blood when at Rangpur, but free from sanguineous color now. Paroxysm of cough was worse after eating or drinking cold water. On examining the chest, I noticed the left infraclavicular region a little depressed, percussion elicited dull sounds.

On auscultation, mucous râles could be heard in this region, and also on the corresponding side, lower part of the lungs was free from any abnormal sound, on taking a deep breath the patient complained of a catching pain in the left side of the chest in its upper part. He said the pain was very distressing at the commencement of his illness. His bowels rather constipated, could take his food well. My diagnosis was, that it was a case of neglected pneumonia from ill-treatment. I at once jumped to the conclusion that either *Sulphur* 30 or *Lycopod.* 30 will be his medicine.

On referring to the Materia Medica under Sulphur, I found "chill mostly internal without thirst, generally in the evening, also at other times, frequent flushes of heat, sometimes ending in little moisture; cough dry and choking, soreness and pressure in the chest, expectoration of greenish lumps of sweetish taste, of bloody pus."

Under Lycopodium we observe "chill from 4 to 8 P. M., with *numb hands* and *feet*, *icy* cold at 7 P. M., flushes of heat all over the body, mostly towards evening, with *frequent drinking* of small quantities at a time, *constipation* and increased micturation; Cough—dry day and night, worse from 4 to 8 P. M., sputa—*thick*, yellow mucus streaked with blood, *tasting salt*, worse from eating and drinking *cold* things.

In this comparison, the italicized symptoms seem to me decisive for the selection of Lycopodium, so that on the 26th August I administered two doses of *Lycopod.* 30. There was no improvement in the next day. The dilution was changed to a lower one, *i. e.*, Lycopod. 12 twice daily. Not better, cough very troublesome at night. Fever came on in the usual hour every day. I was at a loss what to do, as the medicine appeared so precise a similia that no other medicine is to be thought of. A counsel was decided upon. On enquiring about the medicine, it was told that Lycopod. was given without any effect whatever. On the 30th August, Hepur Sulph. 12 was given one dose in the evening and Lycopod. to be followed afterwards. It was advised

that Lycopod. scarcely affects a cure or produces any effect if administered at the beginning of a case. The next day on my morning visit, I gave him a dose of Lycopodium 30 then, and to repeat the another dose in the evening. To my astonishment I found on the next day, the patient's suffering was half reduced. The fever was very slight, cough less. In fact, the patient was nearly cured. I continued the same prescription for a couple of days and convalescence was very rapid. The patient's liver was a little congested, for which I gave him no other medicines. This one medicine was enough for perfect recovery in a fortnight. On turning to the *Condensed Materia Medica* of Dr. C. Hering, we find "it is rarely advisable to begin the treatment of a chronic disease with *Lycopod.*; it is better to give first another antipsoric remedy.

I asked the consulting physician in this case, the reason of his giving Hepar in the commencement, to which he told me that he was nearly on the point of renouncing any faith on the efficacy of this potent medicine as Lycopod. by repeated failures, when he was advised by Dr. L. Salzer to give an antipsoric first; so here he gave Hepar S. as an anticedent medicine. It was a warning to me and many young members of our rank to fall into this sort of error. I think, it is owing to the ignorance of these minute particulars in medicine that we often fail in our attempt to effect cures and censure the Homœopathic healing art as inapplicable. Some sceptics generally say that the medicines are well selected, but it produces no effect whatever.

FISTULA ON THE ANUS.

UNDER B. L. BHADHURI, L. M. S.

Babu———, æt. 26, suffering from fistula on the anus since the last year and a half. Almost once a fortnight the opening closes, when the part swells and becomes painful. In two or three days, it again breaks and discharges a quantity of pus and the pain and swelling disappear. For about five or

six months Silicea, Calcarea, Hepar Sulph., Nux Vomica, in various dilutions, from the 6th to the 200, were tried without any avail. At last Silicea 1000 was given one dose every week. After three or four doses a permanent cure was effected. He comes to me now and then for other cases. It is now more than a year and a half, since the last dose of medicine was given and there has been no relapse.

Correspondence.

ON THE PROVING OF MEDICINE.

To the Editor of the "*Indian Homœopathic Review.*"

SIR,—I really thank you for your suggestion of paying some attention to the proving and clinical application of the indigenous drugs of the country. It is a new and original thought, and I believe it is destined to do much good to the suffering population of our country. Those, who believe in the law of similia, as the guiding law for the selection of medicine, will think it a great boon. Every one knows that our country abounds in vegetable creation and that there are many remedial plants quite equal to cope with the various diseases of whatever severity it may be.

The only difficulty, in the way of discovering the real nature of these plants, is the want of proving them in the healthy system. Our country-physicians, the *Kabirajes*, are more competent in treating Indian diseases than our Allopathic brothers. It is only because the former have a command over the indigenous drugs. We all know that Homœopathic system is far superior to all other systems in vogue. If you can prove and use our own remedies in disease according to the law of similia similibus curantur, you will do an incalculable benefit to our country and to the Homœopathic world. I advise our Homœopathic doctors to pay some attention to what our early sages told them in medicine and utilize their experience. The thoughts which were originally in the minds of our old physicians, are now new truths to the modern physicians. The other day there was a discussion in the British Medical Association in which some

member brought forward the questions of the influence of sun and moon and the telluric influences in the propagation of disease in the human system. This had been a settled question among ourselves centuries ago. This was also pointed out by the illustrious founder of Homœopathy—Samuel Hahnemann. He did more than mere discovering the fact; he found out the medicine to combat these insalubrious effects. Glory to him. I hope our young and energetic Homœopathic physicians of this country, take heart and labor for the fulfilment of the suggestion recently pointed out by our enthusiastic and truth-seeking Editor of this journal. Like their illustrious master, Dr. Hahnemann, they should prove medicines upon their own person, and assist in building up the *Materia Medica* of our own country.

We quote here what our illustrious master teaches us in his *Materia Medica Pura*, translated by Dr. Dudgeon:—"That man is far from being animated with the true spirit of the Homœopathic system, is no true disciple of this beneficient doctrine, who makes the slightest objection to institute *on himself* careful experiments for the investigation of the peculiar effects of the medicines which have remained unknown for 2,500 years. Without this investigation (and unless their pure pathogenetic action on the healthy individual has previously been ascertained) all treatment of disease must continue to be not only a foolish, but even a criminal action, a dangerous attack upon human life.

It is somewhat too much to expect us to work merely for the benefit of selfish individuals, who will contribute nothing to the complete and indispensable building up of the indispenable edifice, who only seek to make money by what has been discovered and investigated by the labours of others; and to furnish them with the means of squandering the income derived from the scientific capital, to the production of which they do not evince the slightest inclination to contribute."

K. K. CHACKRAVARTI,

A true lover of Homœopathy in Kagmari, Mymensing.

J. N. GHOSE, Presidency Press, Calcutta.

THE

INDIAN HOMŒOPATHIC REVIEW

Vol. I.] JUNE, 1882. [No. 6.

II.—LOGIC OF HOMŒOPATHY.

Before we progress any further, let us assure all honest inquirers that nothing can be a greater mistake than to pick up information about Homœopathy from men who are not Homœopaths. We have no right to expect from an Aristotelian a faithful account of the views of Plato, or from a Roman Catholic a faithful account of Protestantism. To take an illustration nearer home, no body would get a disputed point of Hindu religion settled by a Mahomedan Cazee. It is well known that the feeling cherished by the Allopaths towards the Homœopaths is scarcely less bitter than that which any religious sect ever bore towards its rival. And yet sensible people, if they want to inform themselves on the subject of Homœopathy, think it safe to consult the Old School practitioners, as if they could learn from those high authorities anything more of Homœopathy than they could learn the evidences of Christianity from Mr. Bradlaugh. We object to learning Homœopathy from Allopaths not only because they are biased judges, but also and mainly because they know nothing about it. We have never known or heard of any Allopathic practitioner who had studied it. And it is a significant fact that whoever had studied it had become a convert to it. There have been innumerable instances of Old School practitioners giving up their traditional system and accepting the new, but we do not know of a single instance where a man having an intelligent appreciation of Homœopathy, has given it up and accepted the opposite

system. It would be infinitely safer to learn Allopathy from Homœopaths than to learn Homœopathy from Allopaths, because Homœopaths, as a rule, do study the old system, and some of them may have already practised it at some period of their lives. We have all heard of the man who went on talking soberly and coherently until he was asked "Who was Christ," and he was then discovered to be a maniac. Precisely of the same stamp are men who are good lawyers, good mathematicians, good accountants, good scholars, and, in general, very clever men, but who talk the most arrant nonsense when they are questioned about their medical faith. We have had occasion to refer to men who after observing individual cases would confidently state "Homœopathy has succeeded" or "Homœopathy has failed" or "Allopathy has succeeded" or "Allopathy has failed." The reasoning by which these conclusions are arrived at is grossly fallacious, considering that what is observed is nothing more than either cure or no-cure after the administration of particular drugs of which the observer knows nothing. Equally absurd is their procedure when they want to know from Allopaths what Homœopathy is. We have not been able to get over the shock we experienced when we found that such an accomplished scholar as Mr. Spencer Baynes had got a doctor of the Old School to write the article on Homœopathy in the present edition of the Encyclopædia Britannica.

We have yet to do something before we commence a systematic exposition of the logical method of Homœopathy. We have to prepare the ground for it by clearing up certain elementary conceptions and fixing the meaning of certain words which we shall have constantly to use in the course of the discussion. Force, Law, Cause, Induction, Deduction, Explanation, Proof,—all these words we shall use and it is better that before using them we should let it be known what we wish to be understood by them. The word, which is likely to cause the greatest amount of confusion, is the word "Cause" itself. It should be remembered that the main charge laid against Homœopathy by the

Allopaths is that it does not carry sufficiently far its investigation into the causes of disease and does not have for its main object the removal of causes. The word "cause" has been used by various philosophers in varioue senses, all of which it is not necessary to discuss. It is sufficient to observe that, popularly, cause is always understood as meaning efficient cause,—that which has the *power* to produce a certain effect. But this is not the sense in which the word is used in inductive logic. Mil[1] defines it as the "assemblage of conditions" under which the effect happens or as the "unconditional invariable antecedent" of the effect. The conception of *power* does not enter into the definition at all. Nor is the discovery of efficient causes a legitimate object of scientific inquiry. It is the business of science to discover *laws,* to ascertain the *order* of nature and not to speculate about efficient causes. "Our business is,—seeing how vain is any research into what are called *causes,* whether first or final,—to pursue an accurate discovery of these laws, with a view to reducing them to the smallest possible number. By speculating upon causes, we could solve no difficulty about origin and purpose. Our real business is to analyse accurately the circumstances of phenomena, and to connect them by the natural relations of succession and resemblance."

This leads us to the consideration of the term *law.* It is somewhat unfortunate that the term law is used to denote two so very dissimilar things as commands of the supreme political authority and the uniform sequences of nature. The result is that even men having an accurate conception of law as understood in Natural Science are apt now and again to invest it with characteristics which pertain to human laws. We heard only the other day the Viceroy speaking of law as controlling the exuberance of nature. If the exigencies of the present occasion did not require it, we should have overlooked this flaw in Viceregal logic. But in a scientific dessertation we cannot be too scrupulously accurate and it is right that we should point out that law so far from controlling the exuberance of Nature is

only an expression of the exuberance of Nature. It is only by a metaphor that we talk of the Universe being governed by laws. It is only human law that governs or controls. Natural law does not govern or control. Nothing governs or controls which does not emanate from a will. We do not want to deal summarily with the problem of creation, but no body would deny that in Natural Science law is merely an expression of the order of nature,—a statement of a certain uniformity. Will is out of the question. It may be that the laws of nature were ordained by a will, but in science they are treated as mere formulas expressing that certain events are invariably followed by certain other events. When, therefore, a man talks of natural laws being obeyed or violated, or modified or subordinated by other laws he talks absolute nonsense, unless he is employing a metaphor. It might seem as if we were addressing a lecture to our readers which was not wanted, but to give instance of the way in which even great men are apt to err, we shall quote the following passage from Kingsley. In his address on *The Limits of Exact Science as applied to History*, he says: "You say that as the laws of matter are inevitable, so probably are the laws of human life? Be it so: but in what sense are the laws of matter inevitable? Potentially or actually? Even in the seemingly most uniform and universal law where do we find the inevitable or the irresistible? Is there not in nature a perpetual competition of law and against law, force against force, producing the most endless and unexpected variety of results? Cannot each law be interfered with at any moment by some other law, so that the first law, though it may struggle for the mastery, shall be for an indefinite time utterly defeated. The law of gravity is immutable enough: but do all stones veritably fall to the ground? Certainly not, if I choose to catch one, and keep it in my hand.........Potentially, it is immutable; but actually, it can be conquered by other laws." Mr. Herbert Spencer criticizes the passage thus: "This passage, severely criticized, if I remember rightly when the address was originally

published, it would be scarcely fair to quote were it not that Canon Kingsley has repeated it at a later date in his work, *The Roman and the Teuton.* The very unusual renderings of scientific ideas which it contains need here be only enumerated. Mr. Kingsley differs profoundly from philosophers and men of science, in regarding a law as itself a power or force and so in thinking of one law as "conquered by other laws;" whereas the accepted conception of law is that of an established *order*, to which the manifestations of a power or force conform."

What is true of *law* is true also of *method.* Method is logical procedure and not an expression of the human will. It is quite as absurd to speak of the conflict of methods as of the conflict of laws. Force, also, is an expression liable to misuse. The great fallacy is to regard it as an entity. As we said once before, "physicists do not regard force as a metaphysical entity but only study its effects as manifested in motion or arrest of motion and endeavour to discover from its phenomenal manifestations the laws it obeys." The habit of conjuring up fictitious entities and investing abstractions with a sort of vicarious existence lies at the root of various fallacies which we shall proceed to consider in a future number.



DIET.

THIS question of diet is still more puzzling than the question of dose and has stood more in the way of the spread of Homœopathy than anything else. In the European countries it could not be otherwise when we consider the unbounded lattitude which the patients under the Old School system of treatment enjoyed. Our own countrymen were no doubt used to rigid rules of diet when the Hindu system of treatment was in vogue, but their ideas underwent a change with the introduction of the Allopathic system of treatment. Now they are thoroughly Europeanized in matters of diet, and approach with considerable dread towards Homœopathy on account of its strict rules of diet. There

are many who would adopt our mode of treatment *in toto* if they were allowed to consult their own taste in the selection of their regimen. It is true our *Kabirajes* are again coming to the front in the treatment of good many diseases, but their past misfortune has taught them a sound lesson, and the majority of them have, from sheer instinct of self-preservation, become more liberal in their instruction about the articles of diet. Broth, milk and ice, &c., enter now freely in the curriculum of their dietary than what their good sense would enable them to allow. And as a consequence, the poor Homœopath, who has not naturally the good gift of accommodation in him, is left in the background in the battlefield of life.

But we must confess that this horror of the Homœopathic diet is not wholly unfounded. Our early practitioners exceeded the bounds even which Physiology enjoins upon us. It is true we must be very careful in matters of diet with our patients. We must needs take care that we do not feed the disease in going to feed the patient. But we must allow sufficient to enable the patient to live, and during convalescence, we must be still more liberal with the nutritious but easily digestible articles. There cannot be any set rules to regulate the diet of a patient; practitioners must use their own discretion in the selection of a suitable regimen.

The nature of the disease as well as the habit of the patient form two important factors in this question of diet-selection, and must receive due attention from the physician of every school. Habit is a very relentless tyrant but yet so fascinating, that one must pause and weigh well before interfering with its dictates. Before opposing such habits it is better to enquire how far they are detrimental to a cure and whether it is not possible to attain our objects in spite of them. We have repeatedly seen that the so-called obnoxious habits interfere little in the cure of a disease. On the contrary, our sincere conviction is that in such cases you retard the process of cure by forcibly stopping articles one is habituated to use. In the case of opium-

eaters you positively kill them by stopping their opium. An opium-eater's system acquires its normal tone only when he has had his usual dose of opium. It is true this habit makes his system less susceptible to medicinal action, but you cannot safely disallow his dose in times of illness. The writer has seen an instance where an opium-eater wanted to give up his nasty habit of opium-eating; after about twelve hours' deprivation, he became very uneasy and had recourse to a dose of hemp as a substitute, but lo! the substitute failed to produce any action upon him at all. He had taken hemp before and above his usual dose of opium, and its action was as strong as in the case of persons not addicted to opium. But now his system was not in its normal condition, and hemp far from giving him any relief, could not even make any impression upon his system. At last he was obliged to resume his usual quantity, and strange to say as soon as the action of opium was established, the hitherto inactive hemp became active and produced its peculiar action. The fact is his system assumed its normal tone on his taking the usual dose of opium, and then it became susceptible to the action of hemp too.

In some cases again they constitute a necessity resulting from the conditions of life. Persons who are more given to mental exercises and whose nervous system is not in its usual tone, derive a good deal of benefit from the use of coffee. For a state of mental and bodily depression wine is a real panacea as every physician can testify from his own experience. In our country tobacco is a necessity to the daily laborer. Whether we look to the cultivator in the field or the hardy cooly of the town, his occasional pull of the *chillum* is a great life-restorer and makes him more fitted for his otherwise toilsome work. This pull also enables him to resist the calls of hunger than he should otherwise be able to do.

It is true many habits can be put off easily, but it is best not to do so all at once. The immoderate use of a number of spices and a want of exercise, &c., require to be changed, but it must be done very cautiously. Smoking, opium-eating and other

habits may be left unchanged in the beginning of a treatment, unless the habit should happen to antidote the medicine, as coffee when Nux Vomica is prescribed. Dr. Bæhr says, "Our advice, therefore is, do not prescribe a set diet and do not prohibit too many things in order to secure a more perfect obedience to our positive demands; this may not seem very consistent, but of what avail is all consistency against a secretly sinning patient." * * We repeat, Physiology gives us sufficient hint what rules we ought to adopt in regard to diet and likewise points out the reasons why we cannot deem a strictly Homœopathic diet necessary to the successful action of our remedial agents."

The maxims of Homœopathy that have been so far discussed show that this system pursues a different route from that of the Old School in the treatment of diseases. There are few methods of treatment, however, with which Homœopathy can act with perfect accord. The success of Hydropathy in the treatment of diseases has become now-a-days so patent that it would be sheer madness to deny its efficacy any longer. Water is a great agent in bringing about organic reaction and that in varying modes of application it will be able to cure, it admits of no contradiction. In our country, however, water must be used with great caution. Any mishap is sure to be attributed to the agency of the water, and practitioners are likely to lose their reputation in the family.

The various sorts of Baths also have their own peculiar efficacy, and when judiciously used may be productive of immense good in particular cases. In conjunction with Homœopathy a practitioner is likely to achieve a better success than when practised alone.

As regards surgery it stands to reason that the necessary surgical operations are also unavoidable to a Homœopath. It is true that many diseases, which are included under the head surgical in the Allopathic works, can now be cured by internal medication alone, but cases do crop up now and often which can only be managed by the knife. The various sorts of tumours

are considered by the Old School practitioners as strictly Surgical and are only amenable to operative measures. But we Homœopaths know how internal medicines alone are sufficient to bring about an ultimate cure. Sinuses again are diseases where an Allopath must resort to instrumental measures to promote granulation and healing. But even a tyro in Homœopathy knows how these can be cured by medicines administered by the mouths. So also as regards local inflammation, carbuncles, boils, &c., and that these disorders are within the range of dynamic remedies, has been abundantly proved by repeated cures.

ON SOME SANITARY IMPROVEMENTS.*

A FEW months ago when attending a Committee Meeting of this Association, I was requested to read a paper. It was then that the Rev. Dr. Banerji suggested that it would be better, if I would take up for my discourse, the subject of Sanitation; and accordingly I changed my original plan of taking an educational topic, to that of the present one.

This is a subject in which every one should take an interest, for whatever concerns health affect us all individually and collectively, whether we are young, middle aged or old. As individuals we ought to be acquainted with what would constitute a healthy diet, about the construction of our houses, their ventilation, the soil on which we build, their drainage, good water-supply, clothing, exercise, &c. It is high time that this subject should be taught in our very childhood, when we are being instructed in reading, writing and learning the four simple rules. There has been really a great apathy shewn as to this important branch of education. Then again we know that our poor fellow countrymen are dying by hundreds in different parts of the

* Being the substance of a Lecture, delivered at the Bengal Branch of the National Indian Association, by M. M. Bose, M. D., L. R. C. P., on January 31st, 1882.

country, this very year so largely in the district of Nuddea. Fair districts have been swept away by the *dire* attacks of the Malaria Fever and Cholera. It has been lately suggested by the Government of India, that local bodies should be entrusted with ample powers for looking to all matters pertaining to the health of the district. All these *point* to the fact, that each of us has a solemn and responsible duty to himself, to his family, to society and to the country at large, to educate and to be educated in matters of health.

It has been conclusively shewn that death-rates have been reduced to a minimum by observing sanitary laws. Many of you have read about the plagues of old; we had recently one in Asiatic Russia after the late Russo-Turkish war. On one occasion I heard Dr. Richardson, the great Sanatarian in England, saying that he was once laughed at when he remarked at a meeting, of his hope, that the time would come when the death-rate would be reduced to 7 or 8 in a thousand of population. Yet such has been the success actually achieved by means of Sanitary improvements. Why in this very city we have seen the improvement in general health after the introduction of water-works and the drainage system. All these and similiar facts encourage us one and all to hope that however high may be the death-rate of a district, we can by education in hygienic laws and their practical application, improve the general health throughout the country. It is only apathy to the subject that stands in the way of carrying out practical education and reforms bearing on Sanitation.

We will now in brief dwell upon some of the fundamental requirements of Sanitation. It will be our aim to make them as simple as possible for a general audience, leaving out all technicalities in terms and expressions. Our object here is to impress on every mind some health matters on which depend the sound enjoyment of health as well as the possession of good spirits—from which, in short, spring out all activity both of body and mind.

First, as to Water: If any foreign nation were to observe the habit of the people as to the use of the unfiltered river and tank water, for instance, where they both bathe and drink the water thereof, certainly those visitors would be astonished as to how we could preserve our health under the circumstances. People generally use river, tank or well water; now none of these are wholesome to drink. Many rivers are silted up during the winter and summer months, among the principal of which, for example, we may cite the Brahmaputra and the Bhagirathi. I was lately reading in a daily paper that Cholera has broken out lately at Berhampore, where the Bhagirathi has been silted up. When a river has been thus closed up, it becomes a stagnant pool. To this pool of water, thousands of villagers resort for drinking water. Then again during the dry season, the fishermen, at some distances in the river, cover it with weeds for catching fish. These spoil the water, as organic matter originates from these rotten up weeds. The dirty water from the fields gets access to the rivers. It has also been noticed that the poor cultivators drink the impure water from the pools adjoining their fields. Dead carcasses have been seen floating along the rivers. In big towns, the sewage flows down to the stream. Our country has not been a manufacturing one, so there are no fears of the water being contaminated with the coloring matters used in manufacture. I have mentioned to you some of the impurities as observed in the river water. In order to get a remedy, we must go to the root of the evil. After river water comes the tank water, which is so generally used by the people. Unclean tanks, surrounded by trees have been always a source of disease. Then there are tanks where the people both wash and drink their water. Here again the rain water from the adjoining grounds or gardens flows to the reservoir. The same also holds good for the superficial well water, where organic, vegetable, animal matters are found in such large quantities, that they are totally useless for drinking purposes. But then the water

of Artesian and other deep wells is wholesome. The French in Algeria have dug many of these Artesian wells, and I had an opportunity while in Paris, in the year of the late exhibition there, to examine a plan of the wells and the machines used in digging them. If we classify the waters (taking out of the consideration those which have been filtered) we should say spring and deep well water is most wholesome, while, on the contrary, the river water where sewage has gained access is dangerous.

Now the question comes as to how are the people to be supplied with purified water. In big towns Municipalities alone or with the help of the Government can carry on water-works. Without any intelligent public opinion to guide, the Municipalities in this country, with honorable exceptions, have become the means of grinding taxes out of the peoples pocket. If instead of spending money in Police force—a certain amount of that sum were regularly spent in digging deep well water or purifying the existing streams or tanks, people would be much healthier, and consequently happier than they are at present. The Road Cess Committees might also help the Municipal bodies with their funds, or they could alone take the work of cleansing stagnant rivers. I suppose again if we can let wealthy and benevolent persons understand that there could not be a nobler duty than that of saving hundreds of people from the Jaws of death by helping in such works and thereby improving their health no doubt they would then come forward in carrying out such projects. Our educated countrymen can do much by inculcating some of the simple means by which ignorant people could preserve their river or tank water pure. For Individual or family use we could purify the water first without filtration, for instance, by boiling and agitating the water or by immersing small pieces of charcoal or charring the inside of casks, by addition of lime water and so on. The second means of purifying is by means of filtration which can be carried on by sand and gravel or by sponge which can arrest suspended particles, or by

Animal charcoal. Many can have recourse to domestic filters which can be had cheap. Then there are the pocket-filters, very convenient for travelling purposes. I don't mention here of the Pipe-water, as among the 68 millions of the population of Bengal, scarcely a million use this kind of water.

The insufficient supply of water produces lowering of muscular strength and mental energy. I think, I should here dwell in brief on some of the evil effects of impure supply of water, for people scarcely think on the subject, or are quite indifferent to the serious consequences following the use of impure water. We will cite some of the principal diseases arising out of it. 1st, Malarious fevers: it has been noticed that water of marshy places produces fever and enlargement of spleen. The same effects result by using water of streams draining forest-lands and rice-fields. These are the opinions of some of the highest medical authorities who had good deal of experiences in these subjects. 2ndly, the great scourge of Cholera. In villages, whenever there is any breaking out of Cholera, people instead of taking means of purifying the houses, or burning the clothes of the afflicted persons or burying the same under ground and taking care not to wash them in the tanks, remain quite horror-stricken. There is no doubt that among other atmospheric or other causes it spreads by the contamination of the drinking water. In Hurdwar fair we have an exemplification of this fact; formerly in the winter season, people were sure of an outbreak of Cholera in the town of Dacca, where the inhabitants used to drink river water; the cases have been comparatively few after the introduction of pipe-water in that city. I cite this case as a recent example where we are actually observing the advantages of the pure water supply-system. As to some other ailments which we may be subjected to the following may be mentioned. Dyspepsia, Diarrhœa, Dysentry, certain diseases of the skin. Typhoid fever, &c. Now that science has taught us some of the bad consequences to health arising out of the impure supply of water, it is to be hoped that we shall be care-

ful in using it and in inculcating these principles among the masses.

The second fundamental principle of sanitation which we shall now dwell upon is as regards construction of houses and ventilation. If we examine an ordinary house, we find that there are two court-yards, both of them being wholly surrounded by rooms or walls, specially the inner one, that there is no free play of air or sun-light. In towns, the inner apartments are mostly barricaded by raised parapets, the air passing through holes in the wall. If there are no proper drainage arrangements in the house, the water runs through the court-yards and makes the surrounding walls damp. The privies are generally situated in dark and small corners. Let us now have a look to the houses inhabited by the working men; for instance, the cobblers, garwans, and shop-keepers or to the men in thickly-peopled Bazar. We find dozens living in small rooms, scarcely any elbow spaces existing. Leaving the people inhabiting the city, if we come to the Bustee quarters, we find that during the rainy season, floors of houses are nearly submerged or are at a level with the water. This remark holds good almost to many thousand of villages in the rainy season, where each house becomes an Island, water running to their very door. In this connection mention may be made about the malaria poison arising from marshes, alluvial soils—soils of valleys and Nullahs or sandy plains, situated at the foot of the hills, as in the Terai of Nepaul. "The efficient condition," says a great authority, "is apparently some kind of decomposition or fermentation going on in the soil, especially when the conditions come together of organic matter on the soil, of moisture, heat, and limited access of air." There is a good deal of organic vegetable matter found in marshy places. Mud banks on the side of large streams, if occasionally covered with water, may be highly malarious. I remember to have visited some years ago, what was once a very prosperous town, Shubarnagrama, on the bank of the great Meghna, I found that village was almost depopulated from the ravages of fever.

For a mile or two the village was covered with dense jungle. One could scarcely see the face of the sun and then there were tanks filled with rank vegetation. It was very sad indeed to see the faces of surviving relatives who mourned the dead. No means were then taken for removing these jungles.

Now let us see how we can improve the construction of dwelling-houses, or how they should be built. 1st.—A dry place to be selected. If there is sub-soil water it should be drained off, also a place where there are plenty of air and sunlight. 2nd.—A perfect sewage removal, in such a manner that the air would not be contaminated in any way. 3rd.—A good supply of pure water for domestic use. If subsoil-water is drained off, then we can ensure the dryness of the foundation floor, roof and walls. These are some of the fundamental principles on which houses should be built. As to the improvements of the houses of the working class and of people living in the crowded Bazars, Municipality where they exist should try to remedy the evils. In England the Artisan-dwellings Act is doing a great deal of good in making the houses clean, cheery and comfortable. Then there are rich endowments by which the old dirty houses are destroyed and reconstructed, for instance the Peabody fund. Any one passing through the street close to the Institution where we are now gathered, I mean the College Street, would remark the clumsy way in which scores of cobblers are crowded in a single room. The Local Government, we understand, intends to take lands in Chitpore Road, in order to widen it. In that case there would be free ventilation of pure air, and consequently people would be able to breathe more freely. In the old world as well as in ancient cities, we find that the streets and houses were not built with any regard to sanitary laws. In the New World for instance in the United States, we find that every four houses or so form a square. There are wide avenues running generally as is in New York from North to South and the Streets running at right angles to them, so that free circulation of air is constantly kept up. In Washing-

ton, the capital city of the United States and which was called by Dickens, the city of magnificient' distances, we find the Streets to be very wide, some more than 1000 ft. in width and they are kept so clean, that one perhaps would like on hot days to roll himself there. One is also struck to see in London, which contains a population more than that of all Scotland not a few Public Parks and places of recreation where people can resort for healthy exercise. I cite these examples to show the necessity of creating public opinion among us. Such a healthy opinion which might lead us to reform the existing evils. I have not dwelt upon the ailments that arise from breathing impure air. In lecture-rooms like the one where we are gathered, if these were not properly ventilated, we would have got headache.* Many Pulmonary diseases are the consequences of breathing vitiated air. Then again contagia of specific diseases, for instance of Scarlet fever, Small-pox, Measles, Enteric fever, Plague, Influenza, &c., are carried through air, as well as in some cases through air and food. These prove the necessity of thoroughly ventilating the rooms. We should not obstruct the free passage of the air, by any fault in the construction of our houses, and at the same time we should try to have it pure by keeping the house clean and dry.

(To be Continued.)

* A knowledge of Respiratory process explains the great benefit to be derived from efficient ventilation. Ten thousand parts of ordinary atmospheric air contain from 2 to 4 parts of Carbonic Acid. If this gas be present to the extent of 1½ to 3 parts in 1,000, headache and giddiness are felt ; and if it be increased to 20 parts in 1,000, death will in all likelihood be the result. Some of you might have read in the Papers that in Bombay some men died asphyxiated when cleansing the sewers. To secure a proper degree of dilution of Carbonic Acid in a small room so as to render the air fit for respiration, about 2,000 cubic feet of fresh air should be introduced every hour.

Cases from Practice.

UNDER P. C. MAJUMDAR, L. M. S.

REMITTENT FEVER.

CASE I.—Babu J. K. A's Nephew, æt. about 2½ years, had an attack of fever on the 1st March, 1882. A day before he was bathed in the river and got cold. In this stage he took all sorts of eatables, sweetmeats, raw fruits of various kinds, as melons, bael, apples, banana, &c., which gave rise to indigestion and catarrh of the bowels. The fever gradually increased and medical help was thought necessary. The ordinary Old School method was resorted to, but the symptoms continually increased to an alarming degree. On the 7th of March, I was called to take charge of the case. I examined the patient very minutely, and found the following state :—The child is restless, skin hot, temperature 104° F., (8 P. M.); very great thirst, eyes a little congested, subsultus tendinum, nervous prostration not very great, abdomen tympanitic, stools watery, slimy and dark green, frequent but not copious, tongue dry, but covered with a yellowish white fur, sordes on the teeth, in the centre of the tongue a black spot visible, which I was told, was due to his taking a native medicine. The chest was to some extent affected. On applying the stethoscope bronchitic râles, both sonorous and sibilant audible, no mucous rhonchus. Percussion sound clear in every spot, it seems to me rather hyper-resonent, but in a child it is very difficult to understand exactly. The fever was of a remittent type, the only slight remission took place as usual in the morning, exacerbating generally in the noon. I thought it to be a very serious case, as the three principal vital organs, *viz.*, the brain, lungs and abdominal viscera were more or less involved in the disease. Moreover, the disease affected an infantile organism which was very delicate. I prescibed *Bryonia* 6 × every three hours.

On the 8th March morning, temperature 103° F., pulse 120 per minute, full and strong, in other respects almost the same as in the previous evening when I was first called. The night was restless, no sleep, thirst less, diarrhœa moderate, the character of the stools the same. I changed the medicine to Arsenic 3 × every three hours. In this selection I was led by the advise of Dr. Fleischman of Vienna, who showed "that typhus generally runs a favorable course under the influence of Arsenic, and we should think that several hundred cures ought to be something in its favor."

The eminent authority of Dr. Bæhr shows us the same way, whose advice is "that Arsenic should be given more frequently than has been customary, from the very beginning of the attack, and that we should not wait until the disease has fully developed its pernicious character. A few special indications for *Arsenic* are the following:—striking and typical remission of the fever, having the appearance of an actual intermission. Marked meteorism of the bowels with gurgling in the bowels, but no diarrhœa. Extensive hypostasis of the lungs with bronchitis." I was also under the impression that the fevers of our country are more or less of a malarious character for which Arsenic is also valuable. But all our expectations were doomed to utter disappointment, as the medicine produced no effect whatever. The symptoms went on increasing notwithstanding all our efforts, for in the evening the temperature rose to 105° F., nervous symptoms increased and the diarrhœa not stopped. We gave him Gelsimium 12. every three hours. "From clinical observations, moreover, I am disposed to consider the remittent type of fever, as that to which Gelsimium is specially applicable. Whether this would hold good with malarial remittents I can not say; but Gelsimium is one of the many Medicines which have repute in the treatment of ague. I have especially in my mind the remittent fever of childhood, for which, on the recommendation of Dr. Ludlam, I have used Gelsimium instead of Aconite for many years past. When the fever having marked

exacerbation towards night, and decline of the heat *without perspiration* towards morning, the medicine may be given with sure benefit."—RICH. HUGHES.

The effect of this medicine is shown by the reduction of temperature in our case and also mitigation of nervous symptoms. On the 10th March, I took the temperature in the morning, 102° F., and the evening 103° F. But diarrhœa continued the same. I prescribed Chamomilla 12 thrice daily. This brought on somewhat healthy stool, but fever continued the same. The color of the stool was greenish, slimy but changed to yellowish. There was no pain or tenesmus but stool was liquid. Tongue coated whitish, a little chill, no thirst, stool white and greenish, vomiting of bile, dry heat, no perspiration, fever was much abated but no intermission. I prescribed Puls. 30. on the 16th March. Next day the patient's improvement was very marked, temperature in the morning 100° F. and in the evening 101° F. Diet,—barley water sweetened with a little sugar-candy. The patient complained of little appetite. Diarrhœa nearly stopped. In this way improvement went on rapidly, and on the 20th morning, temperature was normal; there was a little exacerbation in the evening when the thermometer stood at 100° F. This was the 21st day of the fever; continued Puls 30. twice in the twenty-four hours. There were only two stools, apparently healthy looking, though there was slight admixture of white mucus. I administered a dose of Puls. 200. and a complete defervescence resulted. The patient could not speak for three days even after the subsidence of the fever and diarrhœa. This caused a great alarm in the parents' mind. This was probably owing to prostration. I gave him a dose of China 30. The patient was all right by the 24th day of the fever. Gradually nutritous diet was ordered, and speech and strength restored. This is an interesting case to many young practitioners who endeavour to cut short fever by frequent heroic treatment. It is beautifully illustrated in the remittent variety of fever. Nosologically, this case comes more properly

under the heading of "gastric" or "bilious" remittent fever. The principal medicines of this kind of fever are the following— Aconite, Arsenic, Belladonna, Bryonia, Chamomilla, China, Ipecacuanha, Mercurius, Nux Vomica, Pulsatilla, Antimonium, Baptisia, Cornus, Digitalis, Eupatorium Perf., Gelsemium, Iris, Podophyllum, Rhus Tox and Veratrum. We shall take a review of them in our next, for the benefit of the students and practitioners. Also, see Dr. Richard Hughes article, on "Pyrexia and Antipyretics" in the last number of this journal.

CASE II.—Name ———, æt. 25 years. Had a severe attack of fever on the 20th April 1882. He had been under the treatment of a *Kabiraj* for three days, during which the intensity of the symptoms increased. We were called on the day following. We found him lying prostrate on the bed, there was no conciousness, did not respond to the call, breathing hard and hurried, there was mucous râles audible from a distance; eyes injected, stiffness in the nape of the neck, there was an expression of pain and anxiety in his face. We were told by the mother that he complained of pain and soreness in his neck and chest. Pulse full, hard, and accelerated, surface of the body too hot (temperature was not taken at the time.) There was no stool for the last two days. On examining the chest, mucous râles heard here and there. Percussion-note duller than normal. *Rhus Tox* 3 x and *Bryonia* 6. every two hours. Diet—milk and sago.

On the afternoon at 5 P. M., the temperature was 104° F. Prostration very much increased and there was muttering delirium. Arsenic 3. and Bryonia 6. alternately every three hours. On the next morning, *i. e.*, 25th, the temperature 102.4 F., stiffness of the nape of the neck decreased, consciousness returned. The patient complained of bruised pain all over the body. There was no appetite neither stool. Arsenic 12. and Bryonia 12. administered every four hours.

The evening temperature was 103.4° F. Eyes red and injected, delirium increased. We changed Belladonna 30. for Arsenic in alternation with Bryonia 12.

26th April, morning temperature 101° F. Pulse better, delirium less, spoke of good appetite; in fact, the patient felt better in all respects. Bell. discontinued and Arsen. 12. given. The evening temperature was 102 F. No delirium, eyes clear. Prescription same.

27th morning, temperature 100 F., no complaints. Wanted rice. The prescription same as yesterday. Diet—milk and sago often.

There was distinct rise of temperature this evening, *i. e.*, 103 F. eyes again showed signs of congestion of the brain; delirium returned. On enquiring into the causes of this aggravation of the symptoms, we were told that the patient was exposed to the nocturnal wind, and was lying for sometimes in the damp floor of the room. We prescribed Bell. 30. again in alternation with Bryonia 12. From this time steady improvement set in. On the 28th April we were surprised to find the temperature almost normal. It was 99° F., appetite good, pulse soft and natural, not so much accelerated. Pains of the body and especially of the neck was totally gone, the patient sat up in the bed. Tongue clear, bowels moved once today.

The same prescription was continued except the Belladonna.

In the course of two or three days more the patient was convalesent. We administered rice and fish-curry on the 30th April, so that in the course of a week the man recovered from his illness, though he was too week to leave his bed. We gave him a few doses of China 30. This is a serious case of low remittent fever. It is a general opinion with some ignorant fellows in this country that such cases are not amenable under Homœopathic treatment. They are evidently mistaken, as we often achieved more rapid, gentle and permanent cure by our dynamized medicine than by the enormous quantities of Allopathic medicines.

ERYSEPELAS.

UNDER B. L. BHADHURI, L. M. S.

June 28th, 1880.

Babu———Ghose, æt 45, has been suffering from Erysepelas since the beginning of the month. The rash first made its appearance on the left arm with considerable swelling of the parts and violent fever. He was treated Allopathically by a few of the best physicians of the town. The pain in the left arm was very violent and within a few days suppuration supervened and the pus was let out by an incision below the shoulder in front.

There is now considerable discharge of pus from the incision. The rash now occupies the region of the right Scapula having travelled all round the back from its original position. Gets fever every afternoon; bowels rather costive, cannot sleep at night; the discharge from the ulcer is yellowish and thin, having a sour smell in it. Graphites 12.

29th. Almost the same; fever came as usual in the afternoon; some thirst in the hot stage, can take water with relish.

Pulsatilla 12th, morning and evening.

30th. Fever much less. Cont.

4th July. No fever. The rash has moved a little to the left. Graphites 12th, morning and evening.

8th. Is doing well; the back looks clearer than before; slept tolerably well at night. Cont.

10th. Improving; the parts of the left arm and back through which the Erysepelas travelled has become more natural looking.

Cont.

14th. Same. Lycop 30. twice a day.

16th. The discharge from the ulcer looks whitish.

Hep. Sulph. 6th.

20th. The wandering character is no more perceptible. Cont.

24th. The Erysepelas is cured, but the wound on the left shoulder is yet discharging. Sulphur 30. morning and evening.

In a few more days, the patient made rapid improvement, and was ultimately cured.

Correspondence.

To the Editor of the "*Indian Homœopathic Review.*"

Dear Sir,—While I have learned with great satisfaction from the four first numbers of the "*Indian Homœopathic Review,*" arrived by last mail, of your untiring toil and labor in the cause of Homœopathy, it struck me that it might be of some interest to you to learn, how they manage things in France. And having just assisted last night at the annual meeting of the members of the Hahnemannian Hospital of Paris, I shall try to give you my impression on the subject, fresh as they are in my mind.

The meeting took place at the house of Dr. Leon Simon, the Secretary of the Society, and was presided over by Dr. Chargé—a name most likely known even in India—who came to Paris for the occasion. There was present a good number of lady-patronesses, who play a most important rôle in the keeping up of the hospital, for it is they who are almost exclusively entrusted with the task of supplying the hospital with the necessary funds. The internal management of the hospital is almost entirely at their charge. They provide the hospital nurses, look after the hospital kitchen, and after various triflings which in their *ensemble* make up the welfare and the comfort of the patients.

Many of the ladies present belonged to the upper ten; others, yet higher in the social rank, sent in their regrets for not being able to attend. The baronnesse de Rothschield was represented by a lady friend of hers, and sent word that she exceedingly regrets her inability to personnally attend, as usual.

I shall not trouble you with the financial statement of the treasurer, nor even with the number of patients admitted, cured, or not cured, during the past year as reported by the Secretary; my present purpose being simply to give you an idea of the social aspect of the meeting.

In the course of the report, mention was made of various outsiders who visited the hospital. The ex-Queen Elizabeth of Spain was one amongst them.

Another class of visitors, of more concern to us, who made now and then their appearance in the hospital, are some medical students and some Allopathic practitioners. By chance I met

one of the latter, after having seen him two or three times in the hospital, at a caffé. I naturally inquired in the course of conversation, what his impressions are about the Homœopathic hospital. I have learnt a good deal, he said, at your hospital ; I never knew before that cases could go on so well by doing nothing. It is a lesson we can only learn in Homœopathic hospitals, for our own treatment is as a rule overdone. There is no institution where Pathology in its purity can so well be studied, as in a Homœopathic hospital.

At the close of the meeting the Secretary announced that he has received a card from the Committee of the Annual Exhibition of Arts, open by this time of the year at the Palais del'Industrie, placing the charitable collections for the various institutions of the city (as they are day by day made, at the two entrances of the exhibition) at the disposal of the hospital, for the 5th of this month. The exhibition opens at 8 in the morning and closes at 6 in the evening. Supposing therefore that every lady lends herself for two hours, to stand there, with the purse of charity at her hand, at the upper stare-case of the exhibition, it would take five ladies to do the work ; and there being two entrances, the number of ladies required for the purpose would be ten. After a few minutes consultation among themselves, how to divide the work in a way most convenient to each of them, a card was handed to the Secretary about the arrangement agreed to, and the meeting closed with a vote of thanks on the part of the committee and the lady patronesses of the hospital, to the artists of Paris.

We were then invited to move to the upper story where all sorts of refreshments had been made ready for use. Conversation there became general. Some of the ladies wanted to know particulars about their sisters in India, others were agreeably surprised to learn that Homœopathy has found its way even as far as the shores of the Ganges. The general impression amongst them is, that for children there is nothing like Homœopathy. Of however little value their judgment as to the merits or demerits of a certain system of medicine may be in the case of children they claim to be the best judges of what does the child good or not. They believe Homœopathy is not half so successful in the case of grown up persons as in the case of children, although it is undoubtedly far superior to any other mode of treat-

ment. There may be some truth in that assertion, perhaps even a great deal of truth. Statistics alone could give us a clear light on the subject, but I am not aware that the statistic tables as they are usually made out in Homœopathic hospitals are so arranged, as to clear up the subject.

The explanation of the alleged superior success of Homœopathy in the case of children is sought in the smallness of the dose used in Homœopathic practice, which dose it is supposed to suit better to the frail constitution of a child, than the robust constitution of an adult. Knowing as we do that supposition does not stand the test of our experience, knowing as we do, moreover, that the small dose acts as beneficially in the case of the adult as it does in the case of a child, provided the drug had been properly selected—we are in the habit of repudiating once for all any possibility of difference in our success of treatment, and ascribe all assertions to the contrary, to a preconceived, erroneous notion.

I am, however, not sure, if the error is not more or less on our own side. In the child, vitality is in its ascendency; the circulation is carried on at a quicker rate, drug action should, therefore, for this reason alone, manifest itself in a more prompt manner. And as in the case of treatment, time is life, we should not be surprised at a better result in the administration of our medicines. Then the child is free from all vicious habits,—habits which, in the case of adults, often stand in the way of cure. Children again as they come under our treatment, are as a rule not so overdrugged as is the case with many patients of a more advanced age. Their organism presents itself to us as a *tabula rasa*, receptive for any drug impression. There is no doubt that the recuperative power in the young by far surpasses what it comparatively is in the old. Homœopathy, on the other hand, is just a system of medicine which addresses itself to that very inherent power of the organism. It is true when we have to deal with serious cases, we can only then expect a satisfactory answer to our appeal to Nature's recuperative power, when that appeal had been carried on with all the care involved in the process of individualising. The drug prescribed, in order to become a therapeutic agent under the hand of the Homœopath, must—I say again, in serious cases—correspond, not only with the pathological state, but also, often even chiefly, with the individuality of the patient.

Now that individuality is not so easily laid hold upon in the case of a child, as it may be in the case of a grown up person. The child cannot tell us what is the matter with him; we are to rely in this respect almost entirely upon our pathological knowledge; but pathology is too general in its teachings as to give us the right clue for the purpose of differenciating a given case from all the others of the same pathological order.

Great as this difficulty seems to be at first sight, threatening almost to counterbalance all the advantages above enumerated, in favor of treatment of children—it should not be allowed to weigh too heavily in the scale of the present consideration. Individualisation, or differentiation as above explained, is, no doubt, a most potent factor in the process of selecting the right Homœopathic remedy. But like all other good things, it may become more or less dangerous when carried beyond its proper range. There is such a thing as over-individualising a case, and thereby losing the right track of the proper remedy. We must know when and where to individualise; we must know up to what point we are to carry our differentiation in the selection of the remedy, if we are not to run the danger of being led astray by over-refinement in the process of our research after the simile. Hahnemann understood that art well; he did not repudiate generalisation concerning treatment (witness his teachings about Aconite, Belladonna, &c.,) although he insisted on the other hand, that cases, in order to be treated successfully must be individualised first. In acute diseases—and these are the diseases concerning which Hahnemann generalised most—over-individualisation is simply dangerous. The routine practitioner will, in all such cases, have more chance of success, than the man who is so imbibed with the idea of there being no two cases alike, that he can hardly bring himself to prescribe in two similar cases the same remedy. Of course, there are no two cases exactly alike, and were it only for the simple reason that there are no two individuals exactly alike. But wherever we may reasonably suppose that the recuperative power of nature has not yet been laid low by an assailing disease, a certain amount of similarity between drug—and morbid action suffices for the sake of cure. And that certain amount of similarity is just all what is wanted in the case of the common ailments of children too. Strict individualisation may become more difficult in their case, wh

required; the judgment about our success, on the whole, depends however, more upon what Homœopathy is able to do in the common run of cases, and there I begin, the more I look upon the subject, to incline to the common notion, that children should derive, proportionally speaking, more benefit from Homœopathy, than adults ever can.

There is yet something to be said in favor of treatment of children, even in serious cases. It is namely this, that individualisation in their case is, as a rule, less rigorously called for, because they do not present so pronounced an individuality, as is to be met with in grown up persons. Variety of individuals is everywhere in Nature most pronounced in such species which have arrived at a certain stage of development. In the lower forms of beings, uniformity is the rule. As we ascend the scale of organisms, differentiation makes itself conspicuous. The same is the case with regard to the various races of the same species. Two savages resemble much more each other, than two civilised men; and so there is more resemblance between two children, than there is between two grown up persons of the same race.

I shall close this letter with an interesting little story, related to me by Dr. Heerman of Philadelphia, while walking home from the meeting of the members of the Hahnemannian Hospital. He had been called to see a child of about two years of age, who was affected with some skin disease, for which he prescribed Graphites. In the course of conversation with the mother, he had enquired of her own state of health, and learnt that she was a victim to indigestion, acidity of the stomach and flatulence, and suffered besides now and then from severe, acute gastralgic attacks. Dr. Heerman proposed to prescribe for her, but she politely declined. She had enough, she said, of Homœopathic prescriptions. The Nux Vom., the Calc. Carb., the Lycop, and many other drugs, she had taken off and on during the course of the last four or five years would be enough to supply a Homœopathic hospital for six months. She has resigned herself to her fate; all she wants is, to see the child cured. The nurse keeps the child clean, there is no lack of bathing and washing and changing of cloth—she cannot understand the origin of those objectionable eruptions. Dr. Heerman told her such things have often a hereditary origin. She was shocked with the idea, that there should be something so impure in her blood; the

doctor, however, explained to her, what he meant was simply a latent predisposition on the part of the parents.

The child improved under Graphites. And then the mother remembered one day of what Dr. Heerman had told her about the latent predisposition, and she reasoned within herself and thought that, if what the doctor had said be true, then Graphites should do her also good—not for her Gastralgia, but in a general way. She took Graphites, and from that day, Indigestion and Gastralgia gradually took leave of her.

There is a great lesson to be learnt from that simple story. We are generally in the habit of tracing hereditary dispositions in an ascending line; we enquire about the state of health of the parents, when we are called to treat a child. We might just as well reverse the process, and derive some useful information about the latent predisposition of the father or the mother, as the case may be, from the state of health of their offspring.

I shall try to send you some *Muscarine*. From what we know of its physiological action it should have a place amongst our Cholera remedies.

PARIS,
1st *June*, 1882.

L. SALZER.

COMMUNICATIONS received from Babus Charu Chunder Ghose, H. P., Benares, Rajendra Nath Dutt, Burdwan, Hari Das Chackravarti, Satkhira; Drs. C. S. Kali, Pabna, P. C. Majumdar, Calcutta.

J. N. GHOSE, Presidency Press, Calcutta.

THE

INDIAN HOMŒOPATHIC REVIEW

Vol. I.] JULY, 1882. [No. 7.

III.—LOGIC OF HOMŒOPATHY.

SCIENCE never makes progress until it gets rid of metaphysical conceptions and looks at the realities of things. It is the commonest fallacy to suppose that corresponding to abstract words, there are so many abstract existences; and this fallacy is the greatest stumbling block in the way of scientific progress. Imagine how much mischief has been done in the department of Physics by supposing Nature to be a conscious entity. Nature abhors a vacuum! Whether she abhors a vacuum or not, we should very m[illegible] like to know wh[illegible]he is to be found. After [illegible]ve discov[illegible]r, we shall be a[illegible] get the best evidence [illegible]le in [illegible] by questioning her as to her likes and dislikes. If N[illegible] conscious agent, capable of abhorring or lo[illegible], where i[illegible]our speculating about her [illegible] The b[illegible] proceed would be to examine and cross-examine her. Strangely enough, though hundreds of scientific men were ready to predicate of Nature a particular species of abhorrence, there was no body forthcoming who could give us any indication as to her whereabouts. For centuries the human race has longed to have a look at her, but if she exists at all, she has eluded every human eye. And physicists have at last given up the search and seen their way to other explanations of the rise of water or mercury in the tube than an assumed predilection of Nature's. But while we benefit by the experience of our ancestors let us not smile at their simplicity; for even at the present day the fallacy has not completely

died out. When we find the advanced evolutionists of our day solemnly asserting that Nature selects the strongest for her purposes, how can we excuse them any more than we can excuse the ancient physicists who spoke of Nature's abhorrence ? To select, to have a purpose, and to abhor are all functions which imply a conscious agent. What evidence have we of the existence of this agent? If none, why should we assume it? To start more hypotheses than are absolutely necessary is contrary to all Rules of Philosophizing (*Regulæ Philosophandi*) of which the Law of Parcimony formulated by Sir W. Hamilton is only a special instance. This illogical proceeding—the assumption of a personal influence to account for physical phenomena—comes with a specially bad grace from men who are anxious to prove the non-existence of an efficient ultimate cause. The old physicists, whatever their faults, could not be charged with inconsistency. The modern evolutionists who ridicule all believers in a God are stupid enough not to see that they gain nothing by substituting Nature for God. What matters it, whether you use the one word or the other to denote the Great First Cause, so long as you admit that there is a Great First Cause? That some Being or some Force has got a purpose and works with an eye to that purpose (such as selecting the strongest) is enough for the believer. The fallacy, therefore, that we are considering, though prevalent in the speculations of the ancient philosophers, is not absent from the writings of men, who, by common consent, are reckoned among the most advanced thinkers of our day. Nevertheless, it is a fallacy and a careful reasoner would do well to be on his guard against it. Until recently, modern Physics was over-weighted with a mass of metaphysical conceptions. Explanations were offered which were not justified by the evidence. Whenever an explanation was to be given and a recondite cause discovered, and nothing definite was available, the modern physicists, after the fashion of the ancient, conjured up hypotheses,—fluids, ethers, *et hoc genus omne*. It was reserved for Auguste Comte to sweep away

from the field of science the whole of that immense mass of rubbish and to teach scientific men that what they had to deal with was Facts and not Conjectures. But it is doubtful if even yet his teaching has borne full fruit. There are many men claiming to be scientific scholars who would speak of the Vital Principle just in the same way as if they were speaking of the Sun or the Moon. Now what is this Vital Principles? What definite idea is raised in a man's mind by speaking of it? Is it an entity? If so, what are its characteristics, and what evidence is there of its existence? We do not say that abstract words must never be used, but what we say is that abstract words must not be taken as representing so many separate entities. Virtue, Vice, Roundness, Heat, Cold, Redness, Hardness,—these denote certain characteristics common to facts which are described as virtuous, vicious, round, hot, cold, red and hard. They pertain to facts, and are not themselves any entities. We perceive them, understand what they mean and can reason about them. They are not occult or recondite, and it is necessary to have separate words to designate them, because it is necessary to reason about them. The world is a gainer by such reasoning. Without plunging deep into philosophical controversy and trying to settle the controversy between Nominalists and Realists, we may safely say, that for the purposes of science, abstract words should never be taken as representing real existences and nothing—whether denoted by an abstract word or concrete—should be assumed to exist without the strongest evidence in favour of its existence. Science, as it aims at and deals with truth, must not introduce conjecture into its domain. By introducing one uncertain element into the reasoning, it runs the risk of vitiating and discrediting the whole body of its conclusions. No purpose is served by supposing a vital principle to exist. First of all, the expression conveys no definite idea to the mind. It is something aerial, visionary. We cannot reason about it, because we cannot perceive it. If we did attempt to reason about it, we should be stating propositions

which could not be tested and not even understood. The world would be no gainer by the reasoning. Once more: Science deals with facts and their relations. The materials with which science deals must be facts amenable to observation and experiment or must be facts which, though not themselves capable of being observed, are nevertheless believed in as the products of sound, logical inference. For our present purpose it is not necessary to assert that matter is only the sum total of its phenomena and nothing beyond them or behind them, or that mind is only a bundle of sensations, cognitions and volitions, and no entity underlying them: but we are safe in saying it as against all the world that though there may be in reality, or in the world of being, substances or substrata or nöumena underlying the phenomena, yet science has nothing to do with these extra-phenomenal entities. Metaphysicians may please themselves with those dear entities,—hypothetical and unperceivable. But science has no concern with things unperceivable. She has only to analyse a fact into its smallest perceivable elements, and she then classifies them, reasons upon them and observes their relations with other facts.

And next as to scientific procedure. The conclusions of science are certain and unimpeachable. Why is it so? The laws of thought, the rules of logical reasoning, the grounds of our belief in scientific conclusions,—these are topics on which it would be impossible here to dwell. We can only make a few observations as to scientific reasoning in general; and we shall assume that we are addressing our arguments to men acquainted with logic. There are the methods of Induction and Deduction. Medicine, of course, cannot be a Deductive Science. Medicine, at the present day, is not a Science at all but we are here concerned not with Medicine but with Homœopathy. Homœopathy is only a law of cure; and Medicine includes a great deal besides a law or laws of cure. Several parts of the general subject of Medicine, such as, Diagnosis, for instance, must for a lon time yet remain matters of Art and outside the

province of science. But we are considering here Homœopathy which professes to be nothing else but a law of cure, a law for the selection of remedies for diseases. It is easy to see that the law, if it can be proved at all, must be inductively proved. Deduction is unsuitable. But the student of Logic will remember that there are cases where the canons of Induction fail, that is, cannot be successfully applied. The canons of Induction, or the weapons of Elimination are the Method of Agreement, the Method of Difference, the Method of Concomitant Variations and the Method of Residues. In cases of Plurality of Causes, the Joint Method, or the method which takes note of agreement in presence as well as agreement in absence is used. All these methods, however, fail in cases of Intermixture of Effects. The only way of meeting the difficulty is to resort to an alternate use of Induction and Deduction. And this is the method which furnishes the most conclusive proof. Pure Induction may be regarded as empiricism; pure Deduction may be regarded as mere speculation useful only in a science like Mathematics where we construct our own material. But the joint use of Induction and Deduction furnishes the strongest ground of belief in the conclusions. Better proof it is impossible to get. Of course, the certainty that attaches to the conclusions is only a moral certainty, a very high degree of probability based upon the fundamental law of Universal Agreement or the Uniformity of Nature. This is the only certainty we are capable of attaining. And the conclusions of the best established sciences do not possess any greater certainty. According to this method, we start first with certain results obtained by pure Induction. This is the first step in the reasoning. We then deductively perform processes of computation or, where that is impossible, extend the law inductively obtained to fresh cases. The third step is Verification which completes the proof. This is the sort of proof mostly resorted to in Astronomy and is the best proof that can be offered of any law. We start with some *prima facie* hypothesis, that which is borne out by the largest

number of observations. Then assuming it to be correct we either make calculations as in the Physical Sciences, or merely apply it to a given state of facts. And lastly, we observe if our original supposition is verified, that is, if the predictions we make upon an assumed correctness of our law turn out to be true. If in a large number of cases, the verification does take place, the correctness of the law is rendered morally certain. Where two hypotheses are found to answer equally well, we have to resort to an *experimentum crucis.* That is, we have to wait for a state of facts which the one hypothesis explains and the other does not. One of the competing hypothesis being thus eliminated, we are assured of the correctness of the other. Space will not permit us to give illustrations. But what we have said is only meant to recall to the minds of our readers familiar logical truths. It will be our endeavour to prove in subsequent articles that Homœopathy has been established by the most rigorously logical reasoning, and will stand the same tests as any Astronomical Law.

GENERAL OBSERVATIONS ON THE TREATMENT OF MALARIOUS FEVERS.

BENGAL is proverbially a malaria-stricken country, and any remedial measures calculated to rid her of this nuisance is sure to be hailed with joy by its people. Our native system of treatment is peculiarly unsuited to treat cases of malarious fevers, especially those of recent origin. With the fall of the great Aryan race, our Hindu system of medicine has ceased to be progressive. The present followers of this system regard the *Rishis* who wrote books on medicine as so many Gods, consequently they dare not contradict even glaring and palpable inconsistences, nor introduce new reforms where such reforms are of urgent necessity. It is only strange that even repeated failures would not create any suspicion in their minds about the

infallibility of the *Rishis*. With the change of circumstances old diseases assume new features, consequently to be able to combat these we must introduce modifications in our mode of treatment. Although we find in the writings of old authors a disease very like our own Cholera, but we doubt whether Cholera of *our* day was to be found at that distant time. Had it been so, the treatment of this disease would not, by the *Kabirages*, have been so disappointing. Even malarious fevers we don't think our ancient sages had seen anything like those of our own day, because in the recent cases the Native system of treatment is at once a miserable failure.

Before the introduction of Quinine, malarious fevers counted their victims by thousands and hundreds of thousands. People, dreaded an attack of Ague or Remittent Fever as we do now the most destructive of all diseases—Cholera. Now and then cases would be cured by quacks, but systematic treatment there was none. This dread, however, gave way to a feeling of security, when the great febrifuge of the day was brought into our country. Before this discovery of Quinine, however, scores of valuable lives were lost to the world. James I., king of England, succumbed to a few attacks of this illness where a few grains of this medicine would have cured him at once. In our country, robust and vigorous constitutions contributed most to the number of the victim, so much so, that to an European who was naturally of a robust constitution, an attack of fever was positive death.

Although we admit that Quinine is a great remedy in cases of malarious fevers, we are not prepared to say that it is the medicine *par exellence* in this class of diseases, as a certain class of practitioners would pretend. That a certain percentage of these fevers require Quinine we know and are ready to admit, but that there are cases which refuse to be cured by this medicine has been abundantly proved in the late outbreaks. It is a want of knowledge of this fact, which has led the Allopaths to the wholesale abuse of this otherwise great febrifuge. We

remember in our earlier days a quantity sufficient to cover the end of an ordinary penknife, two or three times a day, was enough to rid the system of this fell disease. But determined not to be baffled, our brother Allopaths have gone the length of giving even a drachm dose in some cases. We remember to have heard from a reputed practitioner of this town that a dose little short of proving fatal was the one which he ordinarily liked to prescribe. He would glorify that even such an enormous dose did not kill the patient. Our ill-fated country is interspersed with the followers of these practitioners, and what wonder there can be that all the most virulent medicines should be abused to our right and left. A few years back any other practitioner, but an Assistant-Surgeon of our College was known to be a veritable quack. The inevitable reaction has, however, at last come and the Allopaths are to blame themselves for this change in the peoples' mind. Men now dread Quinine more than the disease for which it is prescribed. The English-knowing patients now watch the prescriptions which are given to them, and our doctors, instead of being curious to study other drugs in fevers, have given themselves to fabricate new nomenclatures for the nostrums they administer. "My own Anti-periodic Mixture," "Febrifuge Mixture," "My Power" &c., now adorn the prescriptions of many a practitioner to the descredit of the Profession in general, while a more conscientious batch have introduced a new form of penmanship in the writing of the word Quinine, and this only to delude the patients to the belief that Quinine does not form an ingredient of the prescription in question.

How this abuse of medicines, especially Quinine, has affected our poor country is very difficult to realize, unless one has traveled to the interior of Bengal. The present writer had occasions to visit a portion of Burdwan, Hoogly and other districts. He was surprized to see the absence of playful boys throughout his route, and in one of his tours from Punduah to Culna, he had scarcely the good fortune to meet with a dozen boys in any

village, not afflicted with a large belly, lean, slender limbs, bloated and livid face, &c., the victims of what is now-a-days called Browague, a mixture of Quinine and Malarious Fever. Neither is the adult portion more free from this predicament. Fever of a quartan type is known to be the offspring of Quinine, and this type of fever he noticed in the majority of cases that presented before him. Where the circumstance of the patient enabled him to take good nourishment, there the evil was in a minjority; but competence in the peasant class has become a thing of by-gone days, and consequently the villages abound with ill-fed ill-clad victims of abuse of Quinine. Rajah Digumber Mittra called Quinine the handmaid of malaria, and those who enjoyed opportunities of like observation fully corroborate his opinion.

Hitherto all the systems of treatment in vogue in this country have been given a trial to in these sorts of fevers, but the result has been only heart-rending. Homœopathy, which alone can be said to possess resources sufficient to cope with this hydra-headed monster, has,however,fallen quite in the background in the estimation of our countrymen. Why this has been so is not difficult to account for. In the first place when Homœopathy was first introduced into our country, its practitioners did not possess an adequate amount of knowledge of the *Materia Medica* to be able to find out medicines for the thousand and one species of which Malarious Fever consists. For our own part, we were about to give up the practice of Homœopathy in cases of Fevers having repeatedly failed to give relief to our patients in the beginning of our practice. Dr. Salzer at this time came to our rescue, and at once proved by his superior knowledge that fevers of all sorts like the other diseases were perfectly amenable to the action of Homœopathic remedies. He showed us that a thorough knowledge of the *Homœopathic Materia Medica* was indispensable to the finding out of a *Similimum* of a disease.

Although our countrymen place no reliance upon Homœopathy when fever cases are to be treated, yet they are beginning to give it preference when Cholera and other bowel diseases are to be

cured. This eroneous idea about Homœopathy, we have been persistently trying to dissipate, but considering the gravity of the task we have undertaken, it can only be accomplished by a life-long perseverance. Homœopathy is essentially based upon a law of universal validity; therefore, if it is applicable in any one disease, it must be also applicable in all the other diseases.

The fact is that most of the diseases of the human race are the same all over the world. So that we can take advantage of the experience of both Europe and America in the treatment of such cases. But malarious fevers of Bengal are peculiar to this country and we must form our own experience about them. In England, we don't think there is any disease akin to our malarious fevers of Bengal. There were a few places in by-gone days where such fevers were to be seen, but these places have now been reclaimed, and fevers of this type no longer infest these localities. In America, there are places where such fevers happen regularly, and we can, to a certain extent, profit by the experience of the physicians of those places. The Eupat. Perf. and Eupat. Purp. are two valuable additions to our fever remedies. We must say, however, that the Cœanotus Americanus, upon which so much stress is paid in the treatment of enlarged spleen, has been a failure in our country. However, further clinical experience is yet needed to enable us to pass a final verdict.

We have said that our countrymen do not place much reliance upon Homœopathy in the treatment of fevers. We shall say further on what we have to say about this treatment of malarious fevers. But in the other species of fevers, Homœopathy has fully sustained its reputation in their treatment. This sort of sweeping condemnation was only an outcome of thoughtlessness and was arrived at only from the failure of the treatment of malarious fevers by the Homœopaths. There are men, however, and their number is legion, whose faith in Homœopathy in the treatment of all sorts of fevers is unbounded not excluding malarious fevers. This view of the inefficacy of Homœopathy in malarious fevers in not confined to the lay public. There are

practitioners and some among them of very good reputation who also ignore the power of Homœopathy in such cases. We had once occasion to treat a case of Meningitis in the Suburbs of the Town in consultation with two local practitioners. In one of our visits we were required to see the child of one of the attendant physicians. The patient had an attack of very high fever of the double quotidian type. He was all along being treated Allopathically. We prescribed Silicea 30 and in two or three days the boy was cured without taking a grain of Quinine. Upon this both the practitioners were overjoyed. They had really no idea that such high fever cases could be cured by means of infinitesmal doses. They confessed that if malarious fevers could be cured Homœopathically they would not think of practising Allopathy any more. But they were obliged to resort to this Old School system from sheer inability to manage such cases by means of potentized remedies. They have since been engaged in studying the *Homœopathic Materia Medica*, a good knowledge of which we told them was all that was needed to combat all sorts of diseases of man. In our next, we shall give our own views about the treatment of these fevers Homœopathically, and shall also attempt to find out the cause which underlies the present view of the lay public.

ON SOME SANITARY IMPROVEMENTS.—*Concluded.*

The third point on which we shall dwell is food. In a brief sketch like the present one, we can deal with only some important questions affecting health. Unlike the era of our forefathers, at the present time of general activity and of mental straining, people don't require so much of starchy as of albuminous substances, which last nourish the muscular tissues of the body. Our diet should be such as would contain both these substances. I am not saying anything at present for or against the use of animal diet. How muscular are the people of the

Punjaub and those of the Highlands of Scotland; many of whom are mainly brought up on barley or oatmeal. I think it would be better, if people would accustom themselves to take something early in the morning instead of taking the first meal at 10 o'clock. After fasting the stomach for 12 hours, or more, students and business men are often seen to be in great hurry in taking their meals, without properly masticating the food. We might mention here some of the conditions favorable to good digestion. Among them excepting the one cited before, *i. e.*, a state of softness and minute division of the food, are the quantity of food taken, the stomach should be moderately filled, but not distended as often happens to be the case with those who carelessly indulge themselves in dining at a friend's house—the time elapsed since the last meal—the amount of exercise taken before a meal, (we know that working people get a good appetite)—the state of the mind, (cheerful temper favoring good digestion)—the general state of the bodily health, and, lastly, the period of life, digestion being more active in the young than in the old. By following simple dietary rules, how much can we avoid the bad consequences that arise from errors in diet. It is a great pity to see dyspeptic people suffering life long from violating the simple rules laid down above. Even youngmen, just entering life, have been found to suffer from their want of attention to these rules while in schools or colleges. How often they wish, they had been able to begin their lives anew. Let us now look to the question of lunch or tiffin. By tiffin, people here would generally mean taking a lot of sweets. A change is necessary in this direction. Instead of simple healthy nutritious things, such as a mixture of soojee and milk or butter, students or business men often resort to sweetmeat. The more the people appreciate the value of simple digestible things, the more will they avoid these baits offered by the *Moira*. It would have been a matter of congratulation, whether we look to domestic and social happiness or to public health, if we had not the question of drinking in-

toxicating liquors to deal with. However, it is a fact as we find in the Government Reports, as well as in the representations of philanthropic men and of public associations, that this is a growing evil. We must try to nip the evil in the bud. How much are the working people of England, one of the richest countries in the world, suffering not only individually, but with their dependants physically as well as morally from the use of intoxicating drinks. In a healthy state, people never require in this country any drink stronger than water with their meals. Drunkenness is a great and perhaps the greatest enemy to national prosperity. In England, legislators and philanthropists have done much to put a stop to it by Sunday closings as well as by educating the public mind as to the evils arising from its use. We have read in the papers and heard personally from well informed people how even in the interior of a district, the common people can buy liquors at a very cheap price. We can check the evil first by shewing to the people the injuries that it does to the health—the penury that it leads to, the moral degradation that it produces, and then by forming public opinion against it. We could also check it by asking the Government to reduce the distillery shops as well as also to enhance the license rates. But above all—it would depend much upon individual and philanthropic persons as also in the creation of a strong opinion in society against the use of these liquors. Temperance publications would help a good deal in checking this dire evil. In insuring offices, a temperate man has a chance of securing a policy at a smaller rate than an intemperate individual. Again, in all ailments a temperate man has a better and speedier chance of cure than one addicted to drinking. The great thing is to let people understand the great evils that arise from intemperance, leading as it often does to penury, to degradation in society and a moral wrong.

Let us now in short deal with the question of exercise. It is a matter of regret that the guardians, proprietors or teachers

of a school don't pay proper attention to the physical exercise of the pupils. The University examination system induces young people to trudge on in mental work, without looking properly to the body. It seems we pay much more attention to a child's mental training than to looking to his proper bodily growth. We forget that without a sound body, learning is of no avail. Do we not witness the sad consequences of this, when a brilliant lad in after-life suffers from constant headache or feels unwell at undertaking any physical work, and thereby makes his life useless to himself, to his family, and to the nation at large. From a mistaken idea of imparting education, the proper growth of the bodily system is never looked after. Boys are confined in the school-room for three or four hours continually or more, although there is half-an-hour's leave; and they are not encouraged to play. So much for the boys. Grown up men think it beyond their province to take muscular exercise. On holidays they are found to be otherwise employed in reading and conversation, but never think of walking, riding, rowing, cricketting or swimming. Many of us will perhaps be surprised to hear that members of the British Parliament, after hard day's—why days, night's works too, for a session, when relieved of their duties at St. Stephen's, go out in the country, for physical recreation. We have to be convinced yet, that in order to be a good citizen or a useful man, we should devote some part of our time to bodily exercise. We have been too much neglecting this matter, and it is high time that we should be up and doing, and realise the fact that it is as much a necessity to look after the childs taking due exercise as to his education. The idea has been inherent that in educational life one should think of his studies alone, and of nothing else. Perhaps a child is repimanded by his guardian or parents, if he should join a Gymnastic class. In order to lead a cheerful and dutiful active life, along with our works, we must devote a part of our time in *out-door* exercise. If we want to possess the boon of a real education, we should look after in forming both the mind and the

body. Many of you might have read in the papers, about the present Prime Minister of England felling down trees during the recess from work. Senior wranglers could never have been senior wranglers, had they not found time to pull upon the Cam. You shorten your life by not taking proper exercise. Muscular exercise, by increasing the circulation of the body, promotes the threefold function of oxygenation, nutrition and drainage. It thus refreshes the whole organism in all its parts; it increases by use the strength and uses of the muscles; it maintains the heart and the lungs, or rather the whole of the circulatory and respiratory mechanisms at the highest points of their natural efficiency; and, in general, next only to air and food, muscular exercise is of all things most essential to the vitality of the organism. The question of the removal of excreta now deserves our attention. In villages, people living at considerable distances, the excreta are easily utilized in fertilising lands, but the question assumes a position of greater difficulty when we come to consider the removal of excreta and of sewage in large towns. The excreta may be deodorised by various processes, such as, by adding ashes, charcoal, lime, &c. Two methods are generally adopted for removing them: they are generally called the water and dry methods. In large towns, where water can be had plentiful and sewage-pipes are well ventilated, the sewage can be turned to a river, after being purified. In the dry system, the excreta might be taken to a distant place, after being deodorised, and then the contents utilized in fertilizing lands. In the middle ages, plagues would often take place, when there were no proper methods of removing the excreta. It is of the first importance, how in towns to adopt the easy method of removal of the waste organic and vegetable matter. It is a great nuisance in living in ancient cities, thickly populated, where there is no proper outlet for the sewage matter, or where perhaps the dirty refuse of the town is let loose in the rivers. As people lived before isolated in villages—they never thought so much of the removal of the

excreta, but now that industry is thriving, people congregrate in towns, leaving off their distant homes. That which is thought of dangerous to life, might be not only made perfectly harmless but also greatly useful to vegetation. We will require both medical and engineering help in constructing drainage-works, laying out pipes, &c. We don't go into the details of these, as this paper is intended to be as popular as possible. Although some dangers might possibly arise if these works are not properly constructed, still, on the whole, there can be no question that the reduction of death-rate has been to some extent the result of the sewerage system. Notably, Typhoid and Cholera have diminished since its introduction in the towns.

We have thus briefly dwelt upon some of the most important hygienic questions. Let us now see how we may carry a conviction of their importance to the homes of not only hundred or thousands, but of the millions of people. It won't do if a few hundreds only take these lessons to their hearts. These are great vital questions, and they ought to be talked over, discussed in households and then carried into practice. It is a great work—let us enter into it heartily. Sanitarians, in other countries, have been shewing us a good example. Let us not be disheartened. Perhaps, it would be necessary to strike against the prejudices, evils of long-standing, still if our objects be the prolonging of the lives and happiness of men and women, success will attend our efforts. We will discuss three principal means by which we may attain our success.

1st.—Introduction of the study of Animal Physiology and elementary Lessons of Hygiene in vernacular as well as in English schools. The University has been established for nearly a quarter of century, and what has it done in encouraging the study of these important branches of education. Surely, there could not be anything higher in nature than the study of ones own system—how to increase the duration of life and how to enjoy it best. The answer is that it has done nothing to introduce it in the curriculum of study. The same might be said

of the examining bodies of the Minor and Normal Schools. The teachers are not taught in these subjects. We have seen how in the education department of the late Paris exhibition, the different European nations as well as the United States people have tried to publish plain diagrams, explaining the different processes of circulation, digestion, &c., tabulating the different values of the food, grains, &c. People would not like to learn of themselves a special branch, if not first encouraged to do so by the educational authorities. Teachers should be first taught as to how to teach the principal points of hygiene, and then they can easily instruct their pupils on these lessons—Specimens of different sorts of water, food, grains, &c., might be laid before the young pupils, and their properties and nature examined. If hygiene be made a compulsary subject for different Government pass examinations, quite a change for the better will take place. The students in all the interior villages will be able to carry out small reforms as to drinking of water from a clean tank, and would know what to do when Malaria or Cholera breaks out, or some of the specific diseases, as small-pox, measles, attack the villagers. People are prone to reform if they are educated rightly. A village school boy can show a very good example to others by himself observing the hygienic rules. Educated Landlords can carry out many sanitary improvements among their tenantry. It should not only be a duty but a pleasure for them to help the helpless Ryots—suffering from the use of unwholesome water or constructing of houses in marshy places.

The second method by which we can have sanitary improvements, is by delivering public lectures, publishing pamphlets, discussing the subject at ordinary debating and other societies. Our object here is to create right opinions on the subject. Private meetings might be held at family-houses to inform the inmates all about sanitary laws. Addresses might be arranged to be delivered at different centres of the town. Prizes might also be offered annually, if funds admit, to those who write best essays on the subject, these again might be published and sold

at cheap price. I do not think there are any papers which exclusively devote their columns, elucidating the laws of Sanitation in simple and easy style. We should also advocate congresses of medical men, where the causes of Epidemic or Specific diseases in particular localities might be discussed and determined and remedial measures adopted. People cease to take any interest to find out the cause of Malaria or Cholera, for instance, as soon as their ravages are stopped. Why should not medical men call meetings and advise the people as to the general remedial measures to be taken to prevent these attacks. People of good circumstances suffer from their ignorance of preventive laws. Civil-Surgeons in the district and Assistant-Surgeons, Hospital Assistants and Native Doctors in the interior might certainly educate the people on simple sanitary points. Medical men have a higher duty to perform than that of simply treating cases: they are health-officers, they ought to look to the general health of the town and adopt preventive measures, whenever any epidemic breaks out in the neighbouring districts. In short, they are charged with the sacred and nobler mission to guard over the public health. In this way much might be done in the Muffussil by these officers. Government might ask the medical men, to assemble in a central town, to meet there from time to time, in order to devise plans for carrying out Sanitary improvements. Then again, public exhibitions might be held of Sanitary appliances. Models for the good construction of houses, of sewage pipes, ventilating shafts might be exhibited. There might be popular lectures delivered before the audience, explaining the uses and advantages of these modern inventions. A permanent museum in imitation of the Parkes Museum in London might be established in Calcutta, but then medical men must feel interest in these matters and devote certain time in carrying out these principles; they will be then able to carry the public with them in all Sanitary improvements.

Lastly, as to remedial measures, I would appeal to the ladies of the household to carry on these improvements. On the whole, we

must go to the fountain head of our society, to the guardians of the very homes, where we all have been nurtured up (I am glad to see some of the ladies present here this afternoon.) Our ladies are generally fond of cleanliness, if they could be only informed of the present sanitary improvements—I believe it will not be long before they will introduce them into the household. With the progress of education among women, we augur a happy day also for a better home, better in the sense of Sanitation as in every other sense. I am glad to find Sanitary Primers introduced in the examination of our girls, conducted by many Associations lately established in Calcutta. If we could but understand the higher and elevating influences which women generally exercise over society, the long-standing prejudice against their proper education would soon banish. In reforming the houses of the ignorant, the poor and the ragged, it is women from whom we can obtain help in this direction. They have shewn a spirit of self-sacrifice in carrying out many noble objects—if it can be shewn that there are fields for work in this direction, and if they are trained in a knowledge of these modern Sanitary laws, then we will in course of time find a marvellous change throughout the homesteads of the people. What we require at the present time, is to give a liberal education. Of course, hygiene should be one of the subjects taught to women, who are the natural guardian of our homes, then in time we shall see physical suffering reduced to a great extent, people living to happy old age, enjoining the blessings of life. Good principles inculcated in early life will abide as long as a man lives, and hence we should see that the education and habits imparted in childhood should be sound.

I have thus, ladies and gentlemen, pointed out to you, in short, the necessity of the study of the laws of sanitation—on the effects on health from different kinds of water, air, soils,—as also on some of the means by which we can improve the present state of matters relating to health. It will depend upon us individually as to how we practically solve these problems. The task

is great, but if we work on, we will succeed at the end. There are always difficulties to be met with in reforms, but remembering the sufferings of the poor and the ignorant, we shall cheerfully try to inculcate these principles by which people can be made happier and better. Let us also think that we who have had the advantages of a good education, that we also in turn have to educate the people. You can never hope that poor uneducated persons, ignorant of the simplest laws of Sanitation, though holding life to be dearest to them, would of themselves try to remedy their defects. Let us then come forward, ventilate these subjects publicly, and carry the people with us. Dumb millions cannot feel these wants. We must go and help them, find for them good and clean houses to live in, good water to drink and pure air to breathe. We will work for them, because we feel it to be our duty. God will bless our feeble efforts.

In conclusion, ladies and gentlemen, let me thank you sincerely for the kind attention with which you have heard the reading of this paper.

Cases from Practice.

UNDER B. L. BHADHURI, L. M. S.

SPONDYLITIS.

17th January, 1881.

Babu ———'s daughter, aged 2 years.

The child has been suffering from diarrhœa and looks pale and emaciated. She passes stools mostly in the morning hours, consisting of green mucus and fæcal matter, consistence liquid, very fœtid. There is some straining during the stool and after. Towards the latter part of the night the abdomen gets tympanitic; with the passage of the stools the puffiness decreases. The abdomen looks at all times bloated. She is being treated

homœopathically since the beginning of the month but without any effect, except in the number of stools which have decidedly become less.

For the first time to-day I made the child sit in my presence, when I noticed that she cannot keep her head erect. The head stoops considerably to the front so much so that the chin has come to touch the upper margin of the breast-bone, the 5th cervical vertebra looks unusually prominent.

Phosp. 6th morning and evening.

20th. The child's father tells me, there has been no improvement at all in the child's condition, both the diarrhœa and the stooping of the head continues unabated.

Phos. 3 × thrice daily.

24th. Almost same. Cont.

28th. No improvement. The child gets fever at night and becomes restless and thirsty.

Rhus 12th and Natrum 6th alternately every 4 hours.

4th February 1882.

The stooping seems to be less. From this time under the above medicines the child continued to improve, and by another, the neck was all right. Subsequently the child received Cal. Carb. 30th and occasional doses of Nux Vom. 30 and Sulphur 30. The child is now doing well but very weak. The diarrhœa also yielded under the administration of the latter remedies.

We treated another case, a boy some time before the one given above. This case made rapid improvement under Phosphorus 3 and Natrum Mur. 6. In this instance Phosp. 3 was given first for one week, and then Natrum Mur. 6th during the next week and so on. No other medicine had to be given.

The third case of spondylitis we treated was that of a boy, 3 years old. For two months the child was treated by the old school physicians. When we were called the child was supposed to be suffering from liver (enlarged). It was winter and the child was wrapped up in warm clothes. The peculiar gait of

the child in walking arrested our attention and examined the child carefully after taking off its clothes. We at once detected ulceration of one of the dorsal vertebræ. We treated the child for a month with Phosph. 3 and Natrum Mur. 6th, giving Phos. for two weeks first and then Natrum for the next two weeks. There was, however, no improvement in the symptom. Then we advised the child to be removed to the country, with the same medicines given as above. We never heard about this child again. It must be told here that of the other two cases the boy was treated in the town, but the girl was in the country while the treatment was being continued.

GANGRENE.

9th May, 1880.

Babu——————, aged 38 years.

The patient has been suffering from Chronic Fever off and on since the last four months. About 20 days ago got swelling and pain near the margin of the anus. A few days after it burst of itself one night, and on examination in the morning a quantity of dead matter was found within. He was treated Allopathically by the best Surgeons both European and Native of this city, but the sloughing went on increasing day by day. At last it reached as far as the scrotum, a portion of which was implicated the gangrenous process.

The patient is a fat man; has been delirious since the last five days. Fever commences in the morning; it rises very gradually, and at night reaches its acme which is about 104° F. The delirium is of a muttering character. If allowed to remain quiet, the patient becomes drowsy and begins to mutter incoherently. Subsultus tendenum; tongue coated brown and rather dry; thirst constant, but takes only little water at a time. The delirium increases at night, when he also becomes restless. Pulse 132 in a minute. Temp. 9½ A. M. 102° F. There is a

tendency to diarrhœa; the slough has separated from the pere-nium, but a little of it yet adheres to the scrotum.

Ars. 30. every 4 hours.

10th May, 8½ A. M. Pulse 102 in a minute; Temp. 99° F., slept well at night; was not delirious at all during the whole of last night, tongue is clearing and somewhat moist.

Cont.

2 P. M. Has got fever at 11 A. M.; drowsiness on the increase.

Ars. 12th thrice daily.

13th. Fever much less. Temp. 99° F., no delirium at night. Itching of the whole body, more at night. No progress of the sloughing.

Cont. Ars. Sulphur 30th should be given, if the itching becomes troublesome.

14th. No more delirium; Fever only rose to 100° F. Itching much less; had to take one dose of Sulph. 12th at night for the itching. No fever now. Temp. 98·4 F.

15th. Slept well at night; no more fever. Nil.

16th. Doing well. Silicea 30.

17th. Fever again at night. Discont. Sil.

Ars. 12th morning and evening.

2 P. M. Severe burning during urination. Nux Vom. 30.

18th. The slough in the scrotum has almost separated. Temp. 100° F., eruption all over the body.

Ars. 200, morning and evening.

19th. No more fever. Itching less at night: eruptions fading. The slough has completely separated. Cont.

23rd. No more sloughing, no fever, sleeps well at night, no more itching. Silicea 30.

In about a month's time the ulcer of the scrotum and perinæum healed, but a sinus remained at the margin of the anus. We advised the patient to go for a change. He did not, however, go to the N. W., as was advised, but went home which was to the South of Calcutta. His sinus continued so long without any improvement from medicines. Only about two weeks ago,

I was told that being tired of all sorts of medication, he at last resorted to the electrical method of treatment and was cured. I have not seen the patient myself, but I hear that his cure is perfect.

SKIN DISEASES.

By P. C. MAJUMDAR, L. M. S

The diseases of the cutaneous system are so difficult both in diagnosis and treatment, that very able and experienced physicians often commit mistakes. In the old school treatment, it is utterly hopeless to perform something like radical cure, nay, disastrous results often take place. Allopathic physicians resort to various kinds of local applications to eradicate the morbid states of the cutaneous system, which, to rational physicians, appear totally unreasonable. Those diseases are often suppressed, no doubt, but radical cure is out of the question. This kind of suppression is not only useless, but worse than that,—it produces positive mischief. It is owing to this fact that Hahnemann always repudiated this sort of practice and theorised the orgin of all chronic diseases to the suppression of cutaneous diseases, especially the itch. Thus the theory of Psora. It is not the place to discuss the merits or demerits of this hypothesis, but facts unmistakeably proved the soundness of his remarks. In our country even the uneducated rustics can tell you the baneful effects of external applications *only*, in skin affections. They say that while the disease is lurking in the blood what can you do by the endeavour to restore health from outside. There is a great deal of truth in the above statement, so in the treatment of skin diseases we shall take particular care and attention. Our system of treatment in this class of cases is far superior to any other. We shall cite a few cases from our practice to prove the correctness of our assertion.

CASE.—I. Babu Akshai Kumar Bose, æt. 12, had a few vesico-pustular eruptions in the lower third of the left leg, in about the beginning of 1878. These produced a severe itching and burning, and on scratching first a little watery fluid oozed out, which subsequently in a day or two assumed the form of pus. By the advice of an Allopathic doctor, he applied pitch ointment over the parts. This produced disappearance of the eruptions for sometimes. He was *apparently* cured. But after a month the latent disease made its appearance with much more violence, itching and burning intolerable, occupying a large area from the bend of the ankle to nearly the lower half of the leg. He applied the ointment as usual and was cured as before. But this time, skin remained a little thicker than normal. After the lapse of a month eruptions again came out and troubled him. In this way he was subject to the disease for nearly a year and half, during which he applied all sorts of ointments, oils, liniments, &c. By the advice of his private tutor he made up his mind to try Homœopathy, and came to my care on the 15th December 1879. I examined the leg and found the ulcers nearly healed, and the skin appeared thickened and of a dark color owing probably to the alteration of the pigment-layer by the disease. Patient was free from any hereditary taint. I told him to have patience, in as much as, these cases are very inveterate and requires time for perfect cure. He made up his mind to continue the treatment as long as I thought it necessary. I gave him a few doses of Sulphur 30 once a day for a week. After four days he came to me accompanied by his tutor, who said that the mother of the patient was very much anxious, as the medicines produced an aggravation. The leg was swollen, a sort of watery fluid came out profusely, there was itching, the ulcer was also unhealthy looking. I administered Rhus Tox 6 × thrice daily. In three days the discharge was much less, other complaints, also reduced. The medicine continued. The ulcer healed kindly, but the thickness of the skin remained with violent itching; here and there were certain cracks in the skin

of the affected part. I administered Graphites 12, twice daily. By continuing this medicine persistently for two months one dose a day, the disease was totally eradicated. The skin assumed its normal smoothness, there was no thickening or hardening, the cracks were all gone. Since then there was no new eruptions in any part of the body. In the course of the treatment, the patient got good appetite, stools natural and healthy. It was a case of inveterate eczema of the leg.

Case.—II. Babu Roma Nath Burral's child, æt. 4 years. In the month of August, 1880. This boy got a few eruptions on his left cheek, which gradually assumed large size. These were at first small vesicles, but as the disease advanced, they maturated and became pustular. The surrounding skin assumed reddish tint. These pustules broke up and ulcerated. The patient was troubled with intense pain and itching; there was slight feverish heat, pulse accelerated. By degrees the ulcers were spreading and when he presented himself to my care whole of the left cheek, neck and temporal region full of a very bad sort of ulcers exuding offensive discharge. The father of the patient told me that wherever this fluid came in contact with the sound skin it produced fresh ulcers. They were very painful. There were thick crusts in some places, some of which were dessicating. I gave him Croton Tig 6. thrice daily, and Croton Tig. Omii., Ol. Olivæ. ℥ii. mix., to be applied over to the parts. In a week the patient was half cured. Desquamation was nearly complete. I stopped the external application, but the internal medicine was continued once a day. After five days the patient was brought to me with a little swelling like areca nut in the sub-maxillary region. Hepar Sulp. 6, was given and pus formed. I opened it with a knife. This healed up nicely, and the patient was rid of all his complaints within a fortnight. This is a case of acute moist Eczema for which Jousset used

Rhus, while Bæhr's favorite remedy is Croton. We used both with success.

CASE.—III. Babu Jolodhur Shaha, æt. 20 years. 10th May 1881.

Had been suffering from Scabies for a fortnight. It was of pustular variety. Sulphur Ointment had been assiduously applied to no purpose; on the contrary, aggravation resulted. Each spot increased and an ichorous pus like fluid oozed out. There was itching here and there, and on scratching, burning of the part. I told the patient to leave off all external applications and patiently submit to my internal treatment alone. I explained to him that this kind of disease requires time to cure. He assented. I gave him Sepia 30 twice daily. In a week he came to me, exclaiming "Doctor I am all right, you told me cure of this disease requires time but how soon I am off." This is of course unexpected and rare. Generally it is an obstinate skin disease. It is contagious.

Urticaria is a trifling disease, although it is most common and often troublesome. We have seen cases turn out favorably without any medication at all. We deem it necessary to interfere, in cases where severe constitutional symptoms show themselves, or in others where the disease turns to be Chronic and consequently obstinate. We have a record of a case as follows.

CASE.—IV. Babu H. ———, æt. about 50 years. On a certain occasion to see a case of Remittent Fever in his house, on the latter end of August, 1880, I was politely asked by the gentleman, if we have any medicine to irradicate his nasty disease. I assured him to do what he desired. I took down his case in my note-book as follows:—Various raised red spots upon abdomen, chest and upper arms, varying in size from half to three quarters of an inch; violent stinging and burning on

itching, not confluent but isolated, they disappeared from one place, but reappeared in the adjacent portion of the skin. I enquired about the causes and came to understand that the gentlemen is very fond of shrimps and crabs, and whenever he took them, gastric disturbances ensued and afterwards these spots appeared. Now these blotches are caused even without any of these dietatic transgressions. I prescribed Urtica Urens 3 x twice a day for three days. After using it for twenty-four hours, these spots disappeared. The patient was better for a week, when all on a sudden, he caught cold by bathing in cold tank, feverishness, red face, headache, pain all over and with them, his old enemy—the urticaria—appeared with more suffering than hitherto. I prescribed Rhus Tox 3 x every 4 hours. In two days he was cured of his fever and pain, &c. The skin trouble was also over after three days, no more to return since then. I frequent the house but no complaint for his skin ever reached my ear. I remembered to have administered a few doses of Sulphur 12 x twice or thrice during the course of treatment.

We have some cases of Prurigo, Psoriasis, Scabies, Eczema, of undoubted cure to report, which we shall take up in some future issue.



COMMUNICATIONS received from Drs. R. Hughes and Alfred C. Pope, London. Dr. Brojendra Nath Banerji, Allahabad; and Babu Probhat Chandra Sen, Bogra.

With best thanks we acknowledge the receipt of the following:—British Journal of Homœopathy, (H. Turner & Co., London), Homœopathic World, (Homœopathic Publishing Com- [illegible]), Monthly Homœopathic Review, (E. Gould and [illegible]), Calcutta Journal of Medicine and others.

J. N. GHOSE, Presidency Press, Calcutta.

THE

INDIAN HOMŒOPATHIC REVIEW

Vol I] AUGUST, 1882 [No 8

IV.—LOGIC OF HOMŒOPATHY

HOMŒOPATHY, as we have said over and over again, is a law of cure,—a principle governing the selection of remedies for diseases. This it is, and it is as well to know what it is not. In the first place it is not a mere system Men talk of Homœopathic medicines as if they are substances unknown to the Allopaths, and they talk of Allopathic medicines as if they also are substances unknown to the Homœopaths The truth is that the substances used by the Allopaths and the Homœopaths are, to a great extent, the same. Opium, Sulphur, Chamomilla, Rhubarb, Ipecacuanha are known as drugs to Homœopaths as well as to Allopaths, but they are known in different forms, and, therefore, as possessing different properties. Opium would be prescribed by the Allopath for inducing sleep or sleepiness, it would be prescribed by the Homœopath for removing stupor or heavy, stertorous sleep. Sulphur would be prescribed by the one for external use, by the other for internal use, in itch Chamomilla would be regarded as a tonic and a stomachic by the one, as a means of allaying nervous excitement by the other. Rhubarb is a purgative in the hands of the one; it is a medicine for diarrhœa in the hands of the other. Ipecacuanha is used by the one to cause vomiting, by the other to check vomiting. Aconite, Belladonna, Zinc, Lead, Lachesis, Crotalus are poisons in the hands of the one; they are soothing medicines in the hands of the other But they are known to both. Homœopathy, therefore, is not a mere system in the same sense

that the medicine of the *Kabirajes* is a system. The *Kabirajes* make use of drugs which may not have been heard of by the Homœopath or the Allopath. But the natural substances which in some form or other are used either by the Homœopath or the Allopath are known to both. What substance is better known than coffee? Yet while the Allopath will use it in driving away the tendency to sleep and in exciting the nervous system, the Homœopath will use it in removing nervous irritation and inducing sleep. Salicylic acid will in the hands of the Allopath cause profuse perspiration and probably bring on collapse; the same agent will, in other hands, restore to healthy activity the collapsing life. There is no magic in the hands that use these agents; the spirits of good and evil do not pull the strings from behind. But there is difference in the intellect of the men that employ their hands in these different ways; there is difference in their conceptions of a cure; there is difference in their knowledge of the relations which drugs bear to diseases; and last of all, there is difference in the forms in which these agents are employed by the two rival classes of practitioners.

Nor is Homœopathy committed to any particular view of the mode in which drugs operate. The Homœopath does not profess to cure congestion by intensifying congestion; or to cure anæmia by making the patient still more anæmic. This is a point well worth remembering, for we have heard it said that Homœopaths will seek to cure delirium tremens by administering a few ounces of alcohol and to cure a case of fracture by complete pulverization of the bones. The arguments are urged in a naively jocose way, but they are enough to show the confusion that prevails in the minds of men that are capable of perpetrating such a clumsy and pointless joke. If Homœopathy meant the treatment of diseases by an aggravation of them the argument would be intelligible. But as Homœopathy professes to be a means of cure the joke lacks wit. If we said that Allopaths seek to cure delirium by purging, and diabetes by tonics, and enlarged liver by mustard plaster, the propositions

would be, we are vain enough to think, humorous as well as reasonable. We should be perfectly satisfied if somebody paid us in our own coin and said,—Homœopaths seek to cure convulsions by Nux Vomica, delirium by Belladonna, and ulcers by Hepar Sulphur. Let us stand by our recipes and the Allopaths by theirs. But to attribute to us a principle we repudiate is to out-Herod Herod. Which Homœopath ever said that to cure an enlarged liver, it must be enlarged still more; to remove congestion from an organ a greater amount of blood must be collected there? All that Homœopathy tells us is that if a certain drug administered in massive doses produces morbid conditions of a particular kind in a healthy individual, then we are safe in concluding that those morbid conditions will be cured by infinitesimal doses of the same drug prepared in a particular way.

Lastly, Homœopathy is not identified with any theory as to the origin or essential nature of disease. There may or may not be a vital force; there may or may not be humours permeating the animal organization; there may or may not be the properties of life in the blood corpuscles; life itself may be an enigma; the feelings of pain present in any disease may be wholly unaccountable, wholly irreferrible to any perceivable cause. No doubt on these points will affect the Homœopathic law. Homœopathy states what the action of drugs is. It does not state how that action takes place or why it takes place. It tells us that drugs chosen on a particular principle will effect cures; but it does not undertake to determine how and why the cures are effected. The physicist tells us that friction causes heat, but does not explain why the heat is caused. So likewise the Homœopath states a law of cure, but does not commit himself to any theory as to the *modus operandi* of drugs. In these cases the *how* and the *why* are identical; and the *why*, as we know, is always undiscoverable. Why the disease is removed we cannot say. The fact is there. The only sense in which it may be said that we perceive the mode of operation of a drug

is that we perceive the gradually progressive state of the patient and the directions in which the progress takes place. We know nothing of the nature of the *action* of the drug which could be regarded as the reason of the progress. Homœopathy, therefore, is independent of theories of life, health and disease,—independent also of theories as to the action of drugs. It is a statement in general terms of the phenomenal relation between drug and disease.

To Hahnemann belongs the credit of having discovered the Homœopathic law. Some captious critics have explained away the discovery by a reference to Hippocrates. But a vague guess is one thing and a settled conviction resulting from logical demonstration is quite another. Hippocrates deserves about as much credit for enunciating the law of similars as Democritus does for starting the atomic theory. Hahnemann discovered the law, proved it, illustrated it and expounded it. It is always acknowledged that great credit belongs to the discoverer of a law. It does not seem to be known that even higher credit belongs to him who perceives as by intuition that there *is* a law to be discovered. Whoever perceives that a given class of phenomena is governed by a law or by laws prepares the way for the discovery of the law or laws. Why should we investigate into any class of phenomena with a view to discovering a law unless we know or think it probable that the phenomena in question do obey a law? To perceive the direction in which a discovery can be made calls for as high an exercise of genius as actually to make the discovery. We have now got the law of similars and the law of contraries ready to our hand; and any man with average intellect and a certain amount of patience will soon ascertain which is the correct law of cure. But who had perceived before Hahnemann that it was possible to discover a law of cure? If somebody assures us that there is a settled relation between drug and disease we may proceed and discover some law. But who ever assured us that such a relation existed at all? Who is it but Hahnemann that tells that the great

problem of medicine is to discover a law of cure? The exigencies of science are so peculiar that framing the issues is vastly more difficult than settling them. Let us take some branch of knowledge that has not yet been shaped into science, say Meteorology or Æsthetics. Why is it we are all fumbling about in these departments? Men sit down soberly to investigate, but no body has yet told them the direction in which their investigations are to extend. If some one by the aid of the Faculty Divine can point out the quarter where a law can be found, it would be possible even for a mediocre man to find it. Space would not permit it, but, if necessary, we could give innumerable instances from the natural sciences as well as the sciences of Mind, Morals and Society. Some man of commanding genius points out the way; others follow in his wake and make a great many more discoveries than he ever made. Aristotle and Mill, Lamarck and Darwin, Kepler and Newton, Hume and Comte will be remembered through ages long after their discoveries have faded into insignificance, and when the problems that exercise our minds to-day will be regarded as trivial commonplace by our wiser descendants. The claim of those great men of the past will rest not on the intrinsic value of the gems they discovered, but on the richness of the mines they saw for the first time with more than mortal vision. Time will not obliterate the history of human thought; and if ever the mystery of the universe should stand revealed before the eyes of remote posterity, they will remember that they are only the out-growth of the past, and that their knowledge is not wholly independent of the hard intellectual struggles of their ancestors.

Hahnemann saw the direction in which something valuable could be achieved and he achieved it. Whatever may be the true theory of life, health or disease, a law of cure, he saw, could be discovered and he discovered it. It is all very well for people to compare the law of similars with the law of contraries at the present day, but before Hahnemann who ever recognized

the possibility of a law of cure existing? After Hahnemann had formulated his law, the old school practitioners formulated the so-called law of contraries only as a sort of watchword of sectarian distinction. They had never regarded it as a law of cure. They had never regarded it as a law at all. They had never so much as thought of it. It was only an after-thought, a clumsy device for the purpose of proving that Allopathy also rests upon a law and that it is for the world to decide which is correct. Before Hahnemann's time it had not dawned upon any body's mind that a law of cure (either by similars or contraries) exists. Medicines were prescribed not in obedience to any law, but only to remove some imaginary cause of disease in a manner consistent with some theory of health and disease. A man suffers from acidity, and because chemically an alkali neutralizes an acid, an alkali is prescribed. A man catches cold; it is supposed to be the result of constipation and a purgative is administered which acts either mechanically or as a poison. One has a feeling of oppression at the chest or stomach and something is administered to cause vomiting in a poisonous way. Reliance was placed upon the action of medicines in a chemical, mechanical or toxic manner. The toxic action is evident where, for instance, Opium induces sleep, or Ipecacuanha causes vomiting or Rhubarb opens the bowels. In every case an imaginary cause was sought to be removed. The disease was attributed to a particular cause (in ninety-nine out of a hundred cases to constipation or debility) and something was done to forcibly remove the cause. Where no cause could be discovered, tonics or palliatives were administered. Not a single medicine was ever chosen on the ground that it bore a particular relation (either that of similars or contraries) to the disease. The only ground of its selection was the probability of its removing directly or indirectly some fancied cause. A patient is in a given state,—say, feverish, restless, with oppression of the stomach and pains in the limbs. One practitioner would prescribe a diaphoretic, another an emetic, a third a purgative, and a fourth a soporific.

Why? Not because each of these practitioners is prepared to prove that the remedy he prescribes is the true contrarium to the disease; but because each of them thinks that his remedy will either remove the cause of the disease or, failing that, give some relief by benumbing sensibility, as in the last case. Let it not be supposed that the fight between Homœopathy and Allopathy is a fight between one law and another. Really and truly the fight is between law and no-law. The law of contraries has been on men's lips since the law of similars began to be heard of. It is a mistake to suppose that the practice of the Allopaths is in conformity with the law of contraries or that any such law is conceivable. No Allopath prescribes a medicine on the ground that it is a contrarium to the disease. The mixture which is prescribed is in no conceivable sense either a contrarium, or a simile; nor do the elements of the mixture taken separately bear any such definite relation to the disease. The true distinction between Homœopathy and Allopathy is not that the one recognizes the law of similars and the other the law of contraries; but the one regards the Law of cure as of primary importance and states the Law of Similars as the Law of cure; and the other ignoring the possibility of a law of cure seeks to remove the causes (real or imaginary) of disease by chemical, mechanical and toxic means, in an apparently arbitrary and capricious way.

(To be continued.)

PERIODIC DISORDERS.

There are so many ailments which have the particularity to appear, disappear and reappear, all as it were by themselves, that we might almost be tempted to divide diseases in two large classes: in periodic and non-periodic diseases. Granted for a moment such a division, we should include within the first class, all disorders characterised, either by regular or irregular reoccurrence; so that periodical and paroxysmal disorders might be

lumped together into one class. The range could yet be made wider if we chose to include in it all such diseases which manifest during the course of their duration regular or irregular aggravations or ameliorations. And in order to make the range complete, we might further add to it all such diseases marked by some intercurrent symptoms of a periodical or paroxysmal nature.

From a strictly pathological point of view such a division could hardly meet with our approval. Intermittent fevers and syphilis came to be classified in the same rank, because of the syphilitic bone-pains regularly aggravating at night. Yet it cannot be denied, that periodic disorders wherever met with, and in whatever way they manifest themselves, have something common between themselves. If they are not to be classified under one pathological head, they deserve at least to be considered in their ensemble.

It might be said, periodicity is after all only a symptom accompanying a certain diseased state; it is the rhythmical expression of the manner in which a certain disorder manifests itself, but it does by no means constitute a disorder in itself. This is true enough. But then it is not less true, that periodicity characterises often most empathically certain diseases; it seems to be interwoven with their very root. If it be only a symptom, it certainly is, in many cases, a most characteristic symptom, and should as such, especially from the stand-point of our school, not be slighted.

We may almost say that all disorders characterised by periodicity of any kind, are more or less of a chronic tendency; for there is no saying how often the cycle of appearance and disappearance might repeat itself, leaving alone the fact, that every such repetition tends to weaken the constitution, and consequently to engrave the evil so much the deeper.

On the other hand, we find many chronic diseases subject to all sorts of periodical and paroxysmal fluctuations, if left to themselves. We need only hear the history of such sufferers,

who, in despair of all medical aid, have once for all made up their minds to leave evil alone.

And here a remark may not be out of place which might throw some light on our eventual failures, in dealing with this class of diseases. It sometimes happens that we are called upon to prescribe in such cases, and the evil, to all appearance, yields to our treatment. After a time there is a relapse; we are called in again, we examine the case afresh, we find the patient well-nigh in the same conditions as he has been at the time of our first treatment, and we consequently repeat our former prescription, or prescriptions, as the case may be. To our great surprise we find, however, this time the disease to be stronger than our remedial weapons, and we wonder how it is that a remedy which has proved itself to be of so great service to us once, should show itself quite inert in its action at a second, similar occasion. Delusion! The remedy had never been of any service, the man got better the first time, because he happened just to enter the periodic stage of amelioration. It is true most of our remedies lose in some cases to some extent their curative effect on repetition. Yet there are cases where periodicity is a potent agent in the improvement of chronic disorders, and it is worth our while, before accusing our remedy, to enquire where the fault lies.

If we, on the other hand, look to our *Materia Medica* we find that those drugs which Hahnemann considered as particularly suitable in chronic diseases are, as far as their pathogenesis is concerned, the richest in periodic symptoms; and Arsenic, which stands at the head of all the toxic agents at our command, is richer than any of them in pathogenetic symptoms characterised by periodicity.

Little as we know about the pathology of periodic diseases, it would appear that they, their starting point, in common with all other diseases, form certain physiological laws governing our organism. The temperature of our body is subject to a rhythmical oscillation within every 24-hours; and there has been a

similar oscillation observed, corresponding to the seasons of the year. But a rise and fall of our temperature means a rise and fall of the stream of our life. The first conditions of periodicity are then physiologically engrafted upon our economy.

Seeing then the importance of periodic disorders, it behoves us to ask ourselves, in how far our school is prepared to meet them. That most of our drugs have produced some periodic symptoms in some of the provers, has already been stated. That incidental symptoms, as they have now and then occurred in some provers, may have their therapeutic value in some stray cases, we all know. But can we point to some drugs which in their pathogenesis are more or less characteristically stamped by periodicity? Or to some others which may be capable of producing in the healthy, with a certain degree of likelihood, a certain disorder, of a more or less pronounced periodic type?

There is no drug in our *Materia Medica* which could compare with Arsenic, as regard the periodicity by which the large pathogenesis is marked. In fact, there is hardly another drug which comes near Arsenic in this respect. If we were asked: could you produce in the healthy some disorder of a periodic type? We should say: Try Arsenic—The bark of Cinchona, and its Alkaloid:—Quinine—stand in this respect far below Arsenic. The pathogenesis of Cinchona is not particularly marked by periodicity; certainly not more than the pathogenesis of such drugs, as Nux Vomica, Pulsatilla, &c. And Quinine has still less to show in this respect.

On the other hand, Cinchona produces in a most marked manner a certain disorder of a periodic type—the workers in the mills of Cinchona bark are known to be affected for the first few days by attacks, strikingly similar to intermittent fevers. In this peculiar branch of pathogenesis, Arsenic yields the palm to Cinchona. A thorough proving of Chininum Arsenicosum is needed, in order to enrich, perhaps, even to complete our knowledge in this respect.

Of the workers in Zinc it has been said, that they too are affected by regular febrile attacks in the evening; and Allen in his *Materia Medica* has given us a collection of facts which go to show, that it is a characteristic of Morphium to produce in those who abuse the drug, attacks which can hardly be distinguished from intermittent fevers.

That neither of these two drugs has been tried as yet in the treatment of intermittent fevers is hard to explain. As to Zinc, Hering tells us that the same acts better (therapeutically) when given in the evening—a clinical hint which has its significance in connexion with our subject. Whatever may be the pathological nature of intermittent disorders, it is generally admitted, that the nervous system plays a part in all these ailments; and we know, on the other hand, that Zinc is one of our most potent neurotic agents.

Of Morphium as a therapeutic agent in intermittents we know as yet little, or next to nothing. Opium had, however, in former times a great reputation in the treatment of malarial disorders. It had been prescribed under the impression, that it deadens the nervous system against the influence of malaria. Most of the quack medicines in India against intermittent contain, up to this day, amongst many other ingredients, Opium. And it is worth while to enquire how Opium-eaters of that country fare with regard to immunity or otherwise to intermittent fevers.

Coming now to the large number of drugs which have, each of them in their own way, produced some periodical attacks in some of the provers, we find to our great surprise that there is yet a great deal to learn for us, and what is worse, a great deal to unlearn, with respect to the periodic symptoms they have yielded and the therapeutic use we make of them.

Hahnemann has, from the very beginning of his provings, insisted that the time at which a certain symptom had repeatedly occurred, should not be lost sight of. He has thus shown us the way, how to meet periodic disorders. In our provings made since, we have followed his example, and have thus far acted

according to the strict method of scientific experimentation. But when we come to gather the fruits of the large stock of knowledge we thereby gained, it would appear as if we had left the path of sound and practical reason altogether. It is in our Repertories that the treasures of our *Materia Medica* are stored up for therapeutic use; and it is just in these very Repertories where the stumbling block lies, touching our varied informations about periodicity.

Suppose, a prover while taking Chamomilla had felt a toothache between four and five o'clock in the evening. He had never experienced a toothache before. What do we reasonably learn from that fact? That Chamomilla is capable of producing toothache in the healthy. Do we learn at the same time from that single fact, that the Chamomilla toothache is produced, or is liable to be produced between four and five o'clock in the evening? Decidedly not. After all an event must occur at some time or other. Was it then quite useless on the part of the prover to have recorded the time at which his symptom occurred? By no means. Let him only go on recording exactly the time; the same symptom may repeat itself the next day or any following day, just between four and five in the evening, and then his first record will be in so far useful to us, as it would be apt to show some periodic tendency of the symptom. Or there may be no repetition in his own case, but a fellow-prover might have experienced the same symptom at the same time, and such a coincidence in two provers would no less go to show a tendency of the symptom to occur at a certain particular time. But whenever neither the one nor the other is the case, then the symptom has its therapeutic value as a symptom, but none whatever as to the time at which it had been recorded to have occurred.

If we look, however, to our Repertories, we find that this consideration so simple and evident, has been entirely disregarded. All the rubrics concerning time in those Repertories are faulty from beginning to end, because they have been slavishly trans-

ferred from the *Materia Medica* without any discrimination. Most of the drugs enumerated under those headings of time have not the slightest pretension to periodicity. They stand there on the strength of one single occurrence in one single prover at a certain stated time. And such being the case, they do more mischief than good; they mislead the enquiring practitioner.

While a careful sifting in this respect is urgently needed, let us however, not forget, that pathogenesis is not the only guide in the selection of our remedies. Clinical experience is a great factor in the treatment of diseases, and many a drug which pathogenetically does not stand out as particularly periodic in its action, has proved itself to be of remarkable therapeutic service in some periodic varieties. To mention only one example. On reading the provings of *Ignatia*, one could hardly detect that this drug had produced in any prominent manner disorders of an anticipating type. Yet clinical experience has here overreached the revelations of pathogenesis, and *Ignatia* fully deserves its place amongst the remedies to be thought of in periodic disorders of an anticipating type.

There remains yet something to be said in connexion with our subject about alternating symptoms. We meet now and then with such cases. A man appears to suffer of two different diseases, as far as organopathy and pathology in general is considered. He suffers for some time of some illness which, for the sake of generality, we shall call A. Hardly has he got rid of it, then another disturbance of quite another pathological character makes its appearance in another organ—a disturbance we shall call B. A and B change in this way hands, to the despair both of the patient and the attending physician.

We are liable in such cases to recur to a double set of remedies, one of them corresponding to A, the other to B, alternating the respective remedy in the measure as the symptoms alter—a sort of therapeutic patchwork which has the only merit that it sometimes does benefit to the patient.

A more precise study of the case may lead us to a remedy which "covers" both the symptoms, or the group of symptoms, A and B. Such a single remedy would, no doubt, as far as our experience goes, have more chance of success than the double remedy. Yet even then we must not wonder if we miss the case. For what does it after all mean, when we say, a certain drug covers both groups of symptoms? It simply means that our drug had produced in some prover, or provers, the symptoms A, in others the symptoms B. But to bring to bear a compilation of symptoms as derived from various provers upon a given pathological case, is simply another attempt towards therapeutic patchwork, as far as the wanted similarity between drug-action and disease is concerned. Nearer the mark we should be, by laying hold upon such a remedy which had produced in one and the same provers, or better still, in many, both the disorders A and B. But even such a remedy may not fully hit the case under consideration, for there may be wanting in the drugs action that characteristic alternation of A and B. Here again our Repertories leave great room for improvement; the rubric of "Alternation" is very sparingly cultivated in even the best of our Repertories.—L. SALZER, M. D., *Paris*.

THE IMPENDING CRISIS.

By W. H. WINSLOW, M. D., PITTSBURGH, PA.

THE Allopaths are nearly as ignorant of Homœopathy to-day as they were twenty years ago. Those conversant with the old-school literature and teachings know that the majority have gone on studying pathology and administering medicines in large doses and complex prescriptions, antipathically and allopathically, just as usual, and the few cases of application of the law of similars by a few learned individuals are of the coarsest kind, and made with no proper understanding of the Homœopathic principle of selection.

A man does not understand the science of Homœopathy because he recognizes the facts that Pulsatilla acts upon the uterus, Aloes upon the rectum, and Ipecac. upon the stomach. To the Allopathic mind all cases of dysmenorrhœa would awaken a desire to give Pulsatilla; all cases of piles, to give Aloes; all cases of nausea or vomiting, to give Ipecac. How widely astray such therapeutic grossness would be, only those of the Homœopathic faith know; and we know, furthermore, what a labor it is, and what a long time it requires to make a man a scientific Homœopathic prescriber.

Every well-educated Homœopath, owing to his excessive training in Materia Medica and his larger knowledge of symptomatology, can apply a medicine to a morbid state according to the principle of similars or of contraries with more precision than the Allopath.

The Homœopath is familiar with the powers of several hundred medicines, while the Allopath has a knowledge of twenty-five or fifty, which he employs experimentally, and, in many cases, against a supposititious pathological change in a single organ or tissue. Most old-school physicians limit their practice to two or three dozen medicines, and it is notorious that the number in which they have confidence diminishes with their years of service, until old doctors get down to less than a dozen, and preach hygiene and preventive medicine in place of pills and potions. This is the logical sequence of devotion to ever-varying, ever-deceiving pathological mutations, which are hidden by the veil of life. The study of the kaleidoscopic variations of disease has consumed time that should have been spent in therapeutic research. Man cannot be an abstract scientist if he would be a curer of human ailments.

This exposition of old-school deficiency ought to convince us that the modern Allopath in comparison with the Homœopath is an ignorant man in therapeutics, and it ought to convince every Homœopathic physician that he can gain nothing for the good of the patient by consulting with him upon the subject of treatment.

There was a time, when our schools were few and poor, when the Homœopath was deficient in knowledge of diagnosis and the elements of pathology, but, though our standard is not so high as in the old-school, the excellent acquirements of our better men in these branches of education make it unnecessary for any one to seek an Allopathic consultant.

A great deal of discussion has occurred in England about consultation between the two rival schools in surgical cases. It should be known that a sharp line is drawn there between practitioners of surgery and practitioners of medicine. Men graduate and practice there exclusively as surgeons, or exclusively as physicians, though exceptionally as both. The prominent members of our school there are physicians, and I know the name of but one prominent Homœopathic surgeon in Great Britain. Consultations there are very frequent, and often very necessary. The licentiate must call a physician in grave cases; the licentiate and physician must both call a surgeon for surgical operations; the surgeon must in turn call upon the physician in non-surgical cases. Such is the law, and in that country laws are generally enforced.

In many cases it becomes an absolute necessity for Homœopathic physicians to call in Allopathic surgeons, or else abandon patients, who rest their hopes of life upon the Homœopathic treatment. This necessity has awakened both sides to a realizing sense of the situation, caused much discussion in British journals, and started a breeze that is sweeping over our own medical literature. The crisis has been reached there, and the barriers between the two schools have been in a measure removed. It is well. Necessity dictated the policy.

The Allopathic profession of this country, stinging under the mortification of defeat in family and hospital practice, and in social and political position by despised Homœopathy, have seized upon the British situation and made it a pretext for an offer of fellowship and consultation with their opponents, *here*, where no such conditions exist as abroad, and where the officious

offers of assistance, tinged with contempt and unaccompanied by expressions of regret for past offences, should be considered the grossest of insults. This may flatter a few men, weak in Homœopathic faith and the elements which constitute true manhood, but strong men, those who believe firmly in Homœopathy and its right to be considered the law of cure, will not surrender their rights for honeyed words, nor admit the enemy to their counsels.

In this country every Homœopathic physician can do his own surgery, if he is capable. If he feels timid at the sight of blood, or is deficient in surgical anatomy and practice, he does not need to go outside his own school for help. Thanks to improved college and hospital teaching we have a large number of excellent Homœopathic surgeons. Our general practitioners cannot safely ignore these men, and Allopaths may rely upon it that *they will not;* our own surgeons will be employed, and the honors kept at home. An opinion of an eminent Allopath may be desired by a patient, and may be had for the usual fee by either the patient or his attendant, but this does not imply consultation.

I have suffered, in common with other converts from the old school, for having followed the dictates of my conscience and the logical consequences of a somewhat extensive investigation of medical science and art, and it makes me indignant when I see Homœopathic journals offering forgiveness and brotherly love to old-school men, who, profoundly ignorant of Homœopathy and with a desire only to crush it, tender their aid at the eleventh hour, when we don't wish it, because the logic of facts proves to them that we are the favorites of the people and successful revolutionists in medicine.

It is not a conviction of the truth of Homœopathy nor a desire for light that has wrung this concession from old-school men. It is a belief that unless they affiliate with us, corrupt our fighting men, and stop the triumphant march of Homœopathy, they will lose *all* the good families and the control of *all*

the public institutions in the land. The members of the Homœopathic school have endured meekly and patiently more odium and abuse than any revolutionists in thought or system have done for centuries, and, now that they are triumphant, it is no time for them to indulge in maudlin sentiment and open the gates to the enemy that seeks their destruction.

I have watched with much concern the new policy of the old-school forces and its effect upon Homœopaths. The policy of exclusion from journals, societies, and hospitals could not prevail against freemen, aided by public opinion. The new policy was and is to corrupt our practice and silence our opposition by holding out great inducements to use old-school medicines, to take its medical journals, and to purchase cheap paper and cheap Allopathic ideas in Wood's libraries and Lea's serials. The policy has been so far successful that the opinions of some of our journals have been bought and our practitioners have poured their money into the coffers of the enemy for things which have done harm to their Homœopathy. The old-school forces have redoubled their exertions this year and absolutely annoy by their importunities.

Some may doubt that Homœopathy has been injured by these means. One can only judge by the desire expressed in certain quarters for affiliation with the old-school; by the cry to drop the distinctive title, Homœopath; by the careless administration of internal medicines experimentally, instead of Homœopathically, by avowed Homœopaths; by the weak support accorded to our literature, and by the joy with which every concession from our opponents is received.

We must not be bought with presents; we must not permit our forces to be corrupted by flattery; we must not allow this insidious sapping of our principles and diversion of our resources. Homœopathy is passing through a dangerous crisis, and it behooves every one belonging to the school to repeat the creed to regulate his conduct strictly according to law, and to exert

all his powers to preserve the principles of his beloved system of medicine.

The attitude that we should assume in this crisis in my opinion should be one of uncompromising adherence to the law of similars, and haughty indifference to the overtures of old-school individuals and societies.

We should demand of these ignorant therapeutists some respectable amount of knowledge of Homœopathy, and some certain public evidence of their conversion, before we open our arms to them. We should be the judges now, meet their arrogance and ignorance with stern justice, and scrutinize their pretensions by the light of experience.

They do not repent, they make no reparation for their half century of persecution, they are not convinced of the truth of our law; they merely throw down the barriers to destroy our prestige and our school, and to prevent further injury to their own. We can now fling back in their faces the charges of skepticism, policy, and mercenary motives, which they have used so freely in reference to us, and consider it a "social felony" to consult with a man who does not believe in the system practiced, and who holds the consultation simply for the pecuniary reward and the professional advantage he may gain. I hope this seeming removal of barriers between the two schools will lead to a firmer union of Homœopaths; for, look at it how we will, we have everything to lose and nothing to gain by uniting with the hereditary enemy of Homœopathy.—*The Hahnemanian Monthly, July,* 1882.

CORRIGENDA.

Dr. Hughes requests us to make the following corrections in his article on "Pyrexia," which appeared in our May number: —

P. 120, last paragraph, for "number" *read* "member."

P. 121, l. 6, for words in bracket, *read* "(Gr. *puretos*, from *feuer*, fire; Lat. *febris*, from *ferveo*, I glow)."

P. 122, l. 10, for "as" *read* "so."

" 124, l. 12, for "Scale" *read* "Teale," l. 13, for "more" *read* "some."

P. 125, in table, for "nervous" *read* "nervosus" (and so also at p. 126, l. 3 and 20).

P. 126, l. 9, for "pyrexia" *read* "pyæmia."

P. 128, l. 15, for "higher" *read* "hyper."

P. 130, l. 25, for "different" *read* "diffluent."

Cases from Practice.

UNDER B. L. BHADHURI, L.M.S.

CARBUNCLE.

14th September, 1879.

Babu——— aged 48 years, occupation, priest.

The patient has been suffering from Diabetes since the last four years. Our Native system of treatment brought a good deal of relief, but he was never cured. About two months ago he noticed a small cyst in the centre of the Interscapular region; this gradually increased till it came to about the size of a pigeon's egg. About this time it began to be painful, and in the course of a few days suppuration took place. It was opened and a quantity of pus let out. The tumour has been yet discharging. About ten or twelve days ago, a little boil was noticed below the left angle of the scapula, which gradually increasing in size has assumed the appearance of a large Carbuncle. In the course of a week or ten days three others appeared, one on the right side below the scapula, and two a few inches below the upper two. At the present time pus is being discharged from the left upper Carbuncle, but the others look like flat swellings of a bluish red color. There are a number of openings on the left upper one. The discharge from this

one is yellowish white and acrid as a number of pustules have cropped up below the Carbuncle over which the pus flows in its exit from the opening. There is severe burning stinging and throbbing pain in all the four swellings. The patient was a very robust looking healthy man, but is now very much reduced.

Gets fever in the afternoon every day which leaves him towards the latter part of the night with a little perspiration. The patient says that after sleep the pain in the Carbuncle increases very much.

Lachesis 30. morning and evening.

Poultice on the suppurating Carbuncle.

15th September, 1879. The same as yesterday. Cont.

16th. The same; pulse 108 just now; had fever as usual yesterday afternoon. It came with a little chill, but the heat was very long lasting and troublesome. There was severe burning and thirst which increased at night. Patient's attendant says that he drank water frequently, but very small quantity at a time.

Arsenic 12th, morning and evening.

17th. The fever yesterday was not so intense but otherwise same, discharge of pus same; the other 3 Carbuncles have been increasing in size; the left lower one has became also more prominent. Cont.

18th. Same as before; during fever the troubles increase a good deal. Cont.

5 P. M. The patient has got fever, pulse 120, temp. 102°4. Character of the fever almost same as before; the central opening of the discharging Carbuncle increasing in size.

Arsenic 30. morning and evening.

19th. Almost same. No stool. Cont.

7 P. M. Fever at usual hour; patient is much reduced; one stool at 1 P. M., large black balls. Cont.

20th. The patient says that day by day his strength is decreasing and that his appetite also, which was hitherto tolerable, is perceptibly less; tongue moist with a thin brown coating.

Fever as before. The Carbuncles except the right lower one becoming more and more prominent, especially the left lower one, copious discharge of pus from the upper left one.

Silicea 12th. morning and evening.

21st. Tongue dry this morning. Fever came on with more intensity yesterday, it has not yet left him; complains of costiveness.

Arsenic 200, morning and evening.

23rd. Arsenic 200 is being continued and the fever appears less: it has left him (not entirely) as usual with a little perspiration towards the latter part of the night; a few white points are seen towards the middle of both the upper right and lower left Carbuncle. Cont.

25th. The tongue very dry and red, the patient's strength is very much exhausted. Fever less than it was at night, but yet it persists; urine scanty and red. The patient cannot sit up himself.

Medicine stopped.

27th. Same as before; Fever increases very much at night when the patient is said to become delirious at times. Burning during micturition.

Canth. 12th, every four hours.

28th. The same as yesterday; by pressure a little pus can be pressed out from the upper right and lower left Carbuncle. Cont.

Poultice over all the three Carbuncles.

29th. The patient is not at all improving, same in every respect.

Arsenic 1 × every three hours.

30th. Same as before.

Cont. Medicine and Poultice.

1st October. The fever seems to be just the same as before patient very much prostrated. Cont.

2nd. No improvement.

Arsenic 1,000, morning and evening.

3rd. After a long time the patient enjoyed some rest last night, he was less restless and the fever came later as well as with less intensity. Cont.

Fever much less, almost none just now, one good stool at night. Cont.

4th. The patient himself says, he is better than before; slept well at night, tongue moist and reddish character gone. Free discharge from the left lower Carbuncle; some from the upper right one. The surface of the latter is becoming dark colored.

Stop medicine.

8th. The lower right tumour is also becoming prominent and a few white spots are seen in the centre. Patient much better.

Arsenic 1,000. one dose only.

10th. Patient can take more nourishment now and is evidently improving; the left lower Carbuncle is discharging well and right upper one is becoming shrivelled up; its surface has become considerably black.

Omit medicine; broth morning and evening.

12th. The patient can sit up without help, he himself says he is better; sleeps well at night.

Silicea 30, morning and evening.

14th. One large dead mass is hanging from the opening of the left upper wound; the lower one of the same side is also discharging copiously and a reddish looking mass is pushing out from inside. The slough from the upper one also looks reddish, it is about four inches long and thick like an ordinary thumb.

Cont.

18th. The slough from the lower wound is also hanging down from the opening; on attempting to pull it out, it was found to be attached inside.

20th. The dresser has cut off both the sloughs contrary to my advice. I wanted to keep them in their places till separated by their own weight.

23rd. The inside of the wound is clearing every day and a hollow would be seen after the pus is let out by pressure. The

pus has become thicker and smaller in quantity. The lower right wound is doing well and a dead mass has also come out of the opening. Cont.

1st November. The patient is much better, he can take good nourishment and is getting stronger every day. Cont.

8th. Doing well : the slough from the right lower Carbuncle has separated entire, on account of its own weight. It measures 3½ inches in length, all the wounds are now healthy looking and discharging laudable pus ; the left upper one has almost healed. The big openings are every day contracting, and the patient is overjoyed that the scars will not be so large as the openings indicated. He would not believe when I assured him of this contraction before.

From this point the patient went on improving and in about a fortnight more the ulcers were cured.

EPILEPTIC FITS.

UNDER P. C MAJUMDAR, L M. S

CASE I.—A boy, æt about four years, had an attack of epileptic fits from the beginning of 1880, and came under my treatment on the 15th April of that year. The child was otherwise healthy and robust, but of rather sanguine temperament. There was no hereditary predisposition in this case.

[illegible]ptic seizures were ushered in by some *premonitory symptoms*, among which may be mentioned the following :—A few hours before the child became restless, walking and running about all the times, irritable, did not like to take his food easily, bowels rather constipated, liking for indigestible and sweet things to eat. [illegible]tely before the paroxysm the face and [illegible] color, somnolency supervened ; suddenly the [illegible] up from sleep, grasped the person or objects [illegible] and grew unconscious. Tonic spasms and convul[illegible]d. The face became [illegible] or bluish, no lividity or

redness. The thumbs clenched under the fingers, foam at the mouth. No true *aura* could be detected as the patient was a mere boy. The convulsive fits were of short duration, lasting only [illegible] or two and then the patient fell asleep. Sometimes there were involuntary emissions of pale and copious urine. In passing, I may mention here, that in this case no congenital deformity or defficiency could be detected. I examined the patient carefully several times without finding any. The paroxysm was of an irregular type, sometimes twice in a day but often wanting for days together. It was almost certain that the fits would take place at least four or five times in the month. In the treatment of this case I was under great difficulty, for herein I was to deal with little child, who could not possibly explain to me all about his sufferings. The convulsive fits being very violent I at once suggested Cuprum met. 12, four globules thrice daily, dry on the tongue. The next day there was no fit (at this time there were two or three paroxysms in the day). I ordered the medicines to be stopped after using it for a week. After a fortnight the child was brought to me with high fever, flushed face, headache with thirst, &c., for which I prescribed Belladona 3 x every three hours. The fever less in the next day, medicine to be continued every six hours. By this prescription alone the patient got well of his fever. But his old enemy appeared again after a week. This time I administered two doses of Cuprum met. 30 in the day. The paroxy[illegible] stopped, but recurred at a longer interval. There [illegible] tion, the vertex felt hot, though there was [illegible]adache, the child became prostrated. Sulphur 30 was giv[illegible] all these evils. After continuing it for th[illegible] days, one dose a day, great amelioration took place. No [illegible] fortnight [illegible] child became again worse. Paroxysms [illegible] made their appearance exactly similar to those [illegible] We were strongly impressed with the efficacy of [illegible] case, so, this time, one do[illegible] 200th dilution was [illegible] was no more fits after [illegible]dministration of this d[illegible]

IV.

say the patient is now radically cured as he had no fits for nearly two years. Looking at the *Condensed Materia Medica* of Dr. Hering, we find—"Epileptic convulsions: trembling tottering and falling unconscious, without a scream; preceded by drawing in left arm; unaura epileptica; with froth at the mouth; opisthótonos; limbs abducted; followed by headache; during sleep at night, each new moon."

Case II.—A boy, æt about ten years, had epistaxis now and then for about two years and after it was stopped he got epileptic fits. In the month of May 1879, the boy had an alarming hœmorrhage from the nose, my advice was sought. The blood was dark red, I prescribed Hamamelis 1 x one drop every two hour during the hœmorrhage. After taking about six doses of the medicine he was all right the next day, when on my visit, it was brought to my notice that he had epileptic seizures often. The face became red, froth in the mouth complete unconsciousness, tonic and clonic convulsions, great and general prostration I prescribed *Belladona* 3 x every four hours. Three doses had been exhausted without producing any marked effect. I changed the prescription to *Cicuta vir.* 30 thrice daily. The epileptic convulsions remained unaffected. Prostration was gradually increasing to an alarming extent. The patient could not take his nourishment well. At this juncture *Secale corn.* 3 x was administered which produced nice effect. The fit became less, its intensity so much reduced that the patient got complete rest and took his food well. In the course of a week there was no remnant of the disease left. I prescribed a few doses of *Secale corn.* 30 in the interval with the intention of eradicating the disease, and I am glad to say that my attempt is crowned with happiest result. The boy had no epileptic paroxysms since then. We have the gratification of observing him as a robust and healthy young boy now.

MIGRAINE.

CASE III.—Babu——— Bhattacharji, æt 35 years, came to my clinic on the 29th July, 1882, with a severe headache. The patient was in such a state of restlessness and suffering that he was actually crying in my presence. The pain was excruciating, located especially on the right side of the forehead, and the corresponding eye. He had a tendency to vomiting and nausea and very rarely actual vomiting of bilious fluid. The pain commenced in the morning with the rise of the sun and gradually reached its climex at about 1 P. M. (when he presented himself to my office) and then slowly subsided with the setting of the sun. On enquiring into the causes of his complaint, he told me, that sometimes ago, he was exposed to rains and fatigue, and this probably was the principal agent in the production of his disease. The pains were aggravated by movement of the head and on going to the sun. On consulting the *Materia Medica* I found, my case closely resembling a patient of *Sanguinaria* headache. I prescribed the medicine in the 3rd dilution, two doses every three hours. The next day patient did not make his appearance to me. I was very much sanguine about the effect of my prescription. Two days after one of his relatives came and told me that he was all right about his headache. The only thing he wished my advice for, was to do something for his constipation from which he has been suffering since. I gave him a dose of Nux Vom. 30, and told him to report. The gentleman came personally to thank me for his cure. Our venerable Constantine Hering was the first to point out the efficacy of this remedy in the treatment of *migraine*, and his judicious instructions had been since carried into practice by many. Dr. E. M. Hale, in his "Therapeutics of New Remedies," fourth Edition, cites many cases of headache cured by this medicine alone. Dr. Jousset gives from 12th to 30th dilutions. But we are pleased with the lower. In another case we gave 1st Decimal and with marked success.

NOTES.

HEALTH of the town of Calcutta is very fair now. This is, in fact, discouraging news to the doctors.

STIMULANTS and stimulating plan of treatment of the old-school physicians are really depressant in their effect. Our brothers should mark that. We have repeatedly observed brandy and other stimulating medicines in Cholera cases, produced marked depression; and sometimes delirium took place Why in Cholera, in other cases too. A few days ago a robust youngman had an attack of Fever; we should say, it was a simple uncomplicated Fever. His physician (an Allopathic) prescribed him brandy, calf-foot jelly, beef-tea, milk, *et hoc. genus omne*, with the view of stimulating his patient. Fever gradually assuming serious turn, temperature gradually rising to 105°F.; delirium supervened, and the gentleman succumbed after three or four days. We were called a few minutes before his last breath, and found brandy bottle ready, and glassfuls were administered at frequent intervals.

DEAR Homœopathic physicians, students and patrons! Make it a rule with you to spend something for the cause of Homœopathy from which you often derive so much benefit. It is an infant science and requires your parental care.

NEITHER globules, pilules, drops nor powders constitute Homœopathy. Proper and judicious selection of medicine, according to a simple and intelligible plan, is the main feature of our system. The law of similia, experimentation of medicine upon healthy body, and sufficiently minute dose, are its life and blood.

COMMUNICATIONS have been received from Dr. I. D. Johnson, M. D, New York United States, America, and from Babus Probhat Chandra Sen, Bogra, and S. B. Mukerji.

J. N. GHOSE, Presidency Press, Calcutta.

THE INDIAN HOMŒOPATHIC REVIEW

Vol. I.] SEPTEMBER, 1882. [No. 9.

V.—LOGIC OF HOMŒOPATHY.

OUR position is that the law of contraries is not a wrong law, but that it is not an intelligible proposition. Homœopathy is the law of similars, and when the law of contraries is set up against it, we must take it that this latter law deals with the same subject-matter as the other. In other words, as the law of similars is alleged on the one side to be a law correctly stating the relation of drugs to diseases and indicating the right way in which remedies are to be discovered for given diseases, so it is alleged on the other side that the law of contraries is the law which correctly states the relation of drugs to diseases and indicates the right way in which remedies are to be discovered for given diseases. The Allopaths must either stand by this law or no-law. To save themselves from the ignominy of confessing that they act arbitrarily and capriciously they have chosen to take their stand on the law of contraries, very much in the same way as a defendant puts in a false and flimsy "written statement" in an Indian Court with no other object than to delay the hearing of the suit. If the case is to be heard *ex-parte*, the trial comes on quickly and the issue of the trial is certain. Better than accept the decrees of a hard fate so meekly, the litigious defendant in order to put off the evil day and fondly hoping to acquire a chance of success and to overawe his adversary by a show of fight, thinks fit to file what is called a "written statement," be it ever so groundless. Somewhat of the same dodge is being played by the old school physicians. They know very well that they have no law to guide them in

selecting a remedy and that in their system no definite relation of drugs to diseases is recognized as existing. They know very well that their treatment of a case is wholly extraordinary wholly irregular, wholly independent of fixed rules and settled, conditions. They are perfectly well aware—we shall give them that credit—that any examination of their procedure and that of the Homœopaths will result in victory to the latter. Nevertheless, as the non-appearance of the defendant is apt to raise the presumption that he has no defence, the Allopaths have wisely thought fit to set up something in opposition to the Homœopathic law and make a show of fight rather than confess judgment. That something is the law of contraries. But though the evil day may be put off, it is destined to come. The doom is inevitable. The law of contraries is about as bad a defence as any that the most ill-advised defendant ever brought into court.

The Homœopathic law whether it is true or not has the merit of being intelligible. The law of contraries is not wrong, but unmeaning. To say that it is an unsound generalization would be to do it honor. For it has not even the credit of being unsound, it is nonsensical, inconceivable, unpresentable to the mind. If one were to say that the redness of the morning sun is five pounds in weight, that the mind of a man is three feet square, or that a block of stone is a stanch supporter of the theory of utilitarianism, would it be appropriate to describe these propositions as merely wrong, untrue, incorrect or unsound? They are absolutely unmeaning. They raise no image in the mind. They are mere collocations of words which do not answer to any idea. If we simply denied the truth of what has been predicated above of the redness of the morning sun, we might be taken as admitting that the redness weighs one, two, three, four or some fractional number of pounds or any number of pounds except five. But weight can never be a property of colour, and therefore the proposition is unmeaning. So likewise, there are no such things as contrary diseases existing, and therefore the law of contraries is unmeaning. 'Similar diseases' is

a phrase we can understand; 'contrary diseases' is a phrase we cannot understand. Let us now remember the issue we have got to settle. The issue is, Is there a law for the selection of remedial agents, and if so, what is that law? Something has to be discovered. We have to proceed from the known to the unknown. Given a disease, how is the remedy to be discovered? Discovery being the task, what law must guide us in the task, if any law is to guide us at all? Homœopathy furnishes us with one guide and Allopathy with another. Before we proceed further, let us well apprehend what we are about. Homœopathy gives us the Law of Similars as our guide; Allopathy gives us the Law of Contraries. Guide for what purpose? To find out a suitable remedy for a given disease. Discovery,—the knowing of something yet unknown, is our work and the two laws are rival candidates for the office of guide. Homœopathy says: Accept this path. Allopathy says: Accept the other. Let us first examine and analyse the advice given to us by the *contraria* law; and first let us see if the advice, apart from its rightness or wrongness, is coherent and intelligible. If the problem is to choose the right road or the left, and a guide tells us: Eat three pounds of beefsteak; is this advice right or wrong? It is neither, for it is irrelevant. But this as we shall presently show is the sort of advice the Allopath gives us.

Given a disease, the Homœopath tells us: Select that drug which given to the healthy person produces symptoms of disease similar to the one you are now observing. Right or wrong, this proposition is intelligible. Let us forget now all controversies about the amount of the dose, the degree of attenuation, the frequency of repetition. The above is the law of similars. The law of contraries would stand thus: Given a disease, select that drug which given to the healthy person produces symptoms of disease opposite to those you are now observing. But what is an opposite disease? We cannot select a drug which will produce an opposite disease without knowing what opposite disease means. What is the opposite of a rheumatic pain, or

earache, or eczema, or neuralgia, or bronchitis, or heartburn, or cholera, or tumour? Let us take one of these instances, say eczema. The Homœopath tells us to select that drug which administered to the healthy produces eczema or eruptions similar to eczema. The advice may be good or bad, but it is intelligible. The Allopath tells us to select that drug which administered to the healthy produces eruptions opposite to eczema. But what are these opposite eruptions? Acne, Herpes, Psoriasis, Ringworm or itch or what else is it? If we could discover an opposite disease, then we might discover a drug in accordance with the Allopathic law. But who is to help us in discovering an opposite disease? Opposite in what respect? Space, time, magnitude, colour, weight or anything else. Even knowing the point from which oppositeness is reckoned, the difficulty is not solved. What is the opposite of five inches, or one hour, or redness? The law of the Allopaths gives us about as much help as if in solving a simultaneous equation involving two unknown quantities x and y, somebody told us that x is equal to y plus something. For our own part, the only opposite of any disease that we can think of is health. Health is the opposite alike of stomachache and earache, of eczema and croup, of fever and catarrh. Health is the true opposite of every one of all the diseases that exist. From that point of view, the law of contraries would mean this: Given a disease, select that drug which administered to the healthy would produce health (the opposite of the given disease). Then the question arises, how can health be produced in the healthy? Nothing can possibly produce health in a quarter where health exists. If health exists, it cannot be produced over again; it can be maintained, and it can only be maintained by letting it alone. No powerful agent can serve as a conserver of health. But admitting for argument's sake that health could be produced in the healthy by some agent, how does the law help us? We want to discover some remedy for a disease and the law tells us to select that drug which produces health. But that is the very

thing we want to discover. We want to remove disease and produce health, and the law sagely advises us to get hold of that which produces health. What a grand, illuminating law! The problem being to choose either the right road or the left, the guide directs us to choose the proper road.

This, therefore, is the conclusion at which we have arrived. The law of contraries, whatever else it may be, is not a law for the selection of a remedy. Regarded as a law for the selection of a remedy, it turns out to be a question—begging law, assuming as known the very thing that is wanted to be known,—namely, the agent that will produce health. Let us not in the nineteenth century be ruled by the despotism of words; let us not be deceived by vague generalities and unmeaning formulas. Cut and dry phrases had their day. We have lived to realize the truth of Hobbes's saying: "Words are the counters of wise men; they are the money of fools." But we hope to show conclusively that the opponents of Homœopathy can boast of no other treasure than words, words, words. Similar and contrary are both words belonging to the English language and are neither of them unmeaning, and because the law of similars was formulated by Hahnemann, it seems to be thought that one is safe in enunciating a law of contraries. The law of contraries may be a very grand law for aught we know; may be a law of Philology or Electricity or Astronomy or Ethics. But as a law for the selection of remedies for diseases it has no meaning. It is a mere group of words put into the form of a sentence. "Select that drug which produces symptoms contrary to those of the disease you now observe." But symptoms contrary to symptoms of disease are symptoms of health; and when we are in search of an agent which will produce health it does not require a ghost (or a law) to tell us that we must discover a health-producing agent. We make no progress in our researches; the law gives us no light. We are only assured that what produces health will produce health in the given case, in other words, that A is A.

The above is no refutation of the law of contraries, but is only an analysis of it. There is nothing to refute. How is it then that Allopaths do effect cures? If the law of contraries gives no sort of help how are diseases removed or suffering relieved? Simply because the law of contraries is never listened to, never depended upon, never so much as dreamt of. No Allopath when he sits down to prescribe ever thinks of the law of contraries. That law—wrongly so called—is reserved as a weapon of party-warfare, something to be brandished about when we hold up our law of similars. It is brought out on suitable occasions for purposes of display, but it can neither hurt nor protect. The Allopathic practitioner when he has to grapple with difficulties never resorts to this tawdry instrument, this therapeutical toy, but has recourse to other means. It is probably true that there are Homœopaths who, when they prescribe, think as little of the law of similars as the Allopaths of their law of contraries. But these are Homœopaths of whom the better part of the profession must be ashamed, men who know nothing of Homœopathy except that some particular medicines cure some particular diseases. The adhesion of these men to our cause gives us no encouragement and their secession would never be felt by us. But the true Homœopath never forgets his law. The Allopath has no law which he can either remember or forget. He does not recognize that there is any relation at all between drugs and diseases. Therefore, he does not see the necessity of stating the relation in a defined way. If somebody proves to us that action is followed by reaction, then we can attempt to discover if action is equal to or larger or smaller than reaction. But if we are ignorant of the phenomenon of reaction, we can predicate nothing about the quantitative relation of action to reaction. When it has been made clear that every particle of matter attracts every other particle then one can take the trouble to find out the law which regulates the attraction. But if the fact of attraction itself were denied, no law describing the nature of it could be stated. The Allopaths never recognize

the existence of any relation at all between drugs and diseases, and how can they fix the character of the relation? To discover a principle for the selection of remedial agents is to their minds an irrelevant inquiry. Every case of disease is regarded by them as something to be dealt with in its own special way. Just as the kings in ancient times decided every suit by a fresh inspiration from the Deity and the Judges in later times (but before the era of legislation) decided every case according to their own discretion or according to principles of equity which might vary from day to day, so likewise in the old systems of medicine there is no recognition of any law for the treatment of diseases, but each disease is dealt with in a special way which appears to the doctor to be best suited to the circumstances of the case. Some cause of the disease is guessed at and attempted to be removed. In the vast majority of cases, a material morbific agent is supposed to be the cause and that is sought to be expelled by purging, vomiting, bleeding and such other processes. It is impossible to raise any issues between Homœopathy and Allopathy. If both the systems recognized the same problem as the great problem of therapeutics but offered different solutions of it, then the question would arise, which solution is correct? But Homœopathy proposes to solve one problem and Allopathy does not recognize that there is any particular problem to solve. Homœopathy is concerned with the law for the selection of remedies; Allopathy seeks to discover remedies but not in accordance with any law,—only particular remedies for particular diseases. There fore, Homœopathy and Allopathy are not at issue except upon the question, Is there any settled relation at all between drugs and diseases? If Allopaths are convinced that this question must be answered in the affirmative, we have no doubt that a good many of them will soon see that the Law of Similars is the true expression of that relation.

It may be said that some diseases may without doing violence to language be described as the opposites of others. Diseases resulting from excess of acid in the stomach may, it is said, be

regarded as opposites of diseases resulting from excess of alkali. But though chemically an acid neutralizes an alkali, it would scarcely be right to call these two classes of diseases as opposites of each other. Then again it is argued that constipation may be rightly called the opposite of diarrhœa, heat the opposite of chill, perspiration the opposite of dry skin, convulsions the opposite of paralysis. Well, there is no use fighting about names and let us call the one group opposites of the other group. But no man gets diarrhœa in general; one gets diarrhœa of a special sort. Constipation may be generally the opposite of diarrhœa. But what are the opposites of a diarrhœa which is aggravated at night, one which is aggravated in the evening, one in which white stools are passed, one in which yellow stools are passed, one in which green stools are passed, one in which the stools are papescent, one in which the stools are fermented, one in which the stools are watery, one in which there is no tenesmus, one in which there is tenesmus before stool, one in which there is tenesmus after stool. Is it the same constipation that is the opposite of all these kinds of diarrhœa? A medicine being known to produce constipation, does the allopathic law mean that that medicine is the right remedy for all these kinds of diarrhœa, and if not, for which of them? Sleepiness may be the opposite of restlessness. But is the same sleepiness the opposite of every variety of restlessness and of every combination of it with other complaints? No man, as we have said, gets a disease in general; and before the Law of Contraries can be applied we must know not only the opposite of some disease in a general form, but the opposite of the disease in the special and complex form in which it presents itself for treatment.

HOMŒOPATHY IN SURGERY.

(SUPPURATION—ABSCESS.)

THIS is an important subject for Homœopathists, in as much as by the use of medicines only in this process, we often gain success never dreamt by our brethren of the opposite school of medicine. The charming effect of our medicine in the process of suppuration, is so great, that a proffessor of *Materia Medica* in the London University College, has not thought it beneath his dignity to recommend the remedy to be used in minute doses—one hundredths of a grain for a single dose! We are surprised to note this innovation in dose question by our heroic physicians.

By suppuration, we mean, the formation of pus in any part of the body. We all know, what is pus. Generally, pus is a yellowish white, creamy fluid, and this is called by the surgeons "healthy" or "laudable" pus; for when this kind of pus is found in any sore or cavity, we know it comes from a surface which is about to progress towards healing. Suppuration is a reparative process; by its influence, any breach of surface or unhealthy portion of the body assumes or tends to assume a healthy aspect. But whence this fluid comes and how is it formed, what is the nature of it? We must enquire about these important questions. We have saïd in a previous article that one of the terminations of inflammation is suppuration. When the inflammatory process is so intense and the absorptive power of the tissue is so weak as to be quite incapable of producing resolution, the inflammatory products assume a degenerative change, and pus is formed. Pus is composed of a solid portion, called the *pus corpuscles* and a liquid portion named *liquor puris*. These pus-corpuscles are nothing but the disintegrated white blood corpuscles—the leucocytes in the inflamed parts and the metamorphosed tissue of the inflamed area. Thus the solid portion of pus is derived from two sources, *viz.*, the blood and the affected tissue. The liquor puris or the liquid portion of the pus is mainly derived

from the liquor sanguinis of blood. We have named laudable or healthy pus. Besides, the pus may be "sanious" when tinged with blood, "ichorous" when it corrodes the parts. These are nothing but the transformation of the healthy pus.

Abscess is the collection of pus in any part of the body. The pus may be contained in a limited area or it may be diffused into a large portion of the body; so the abscesses are called "circumscribed" or "diffused;" the latter, of which is called Cellulitis, because here the pus borrows itself into the surrounding cellular tissues. But practically these two kinds of suppuration may be called abscess. This division takes place from the nature of the parts affected. For instance in loose tissues, the pus may find its way into distant parts by continuity of surface, there being no resistance offered to the passage of the fluid. Instances of these are found in the upper and fore-arms, thigh and leg, glutial region and so forth. We frequently observe, pus collects into a limited cavity the wall of which is formed by a membrane, called the *pyogœnic membrane.* This membrane protects the passage of pus into the adjacent parts and their subsequent destruction by its borrowing into them. When mature, the abscess tends towards the free surface, we call this, *pointing* of the abscess.

The abscess is called *acute*, when it is accompanied by severe constitutional disturbance, such as, the violent pain, fever, there is a great deal of suffering. The abscess takes a rapid course. *Chronic* when slowly forming, there is complete or partial absence of these symptoms. The "cold" abscess "lymphatic" abscess, &c., all denote a very meagre notion of true pathological state.* Pus, when once formed, may find its exit to the free surface of the body by bursting or it may be absorbed—the pus-cells are shrivelled and dried up, and the liquor puris carried into the circulation. Thus the spontaneous cure of an abscess

* In this country we find, especially in hot season, a number of minute boils appears on various parts of the body.

takes place. Nature, a kind mother, here interferes for the safety of the patient. We, Homœopathic physicians, can, to a great extent, help her by the judicious application of internal medicines.

Treatment—Those of our readers who have read this journal for the last few months, will, at once, see that those cases, which are only amenable to mechanical and instrumental means, have beautifully come to a happy issue by Homœopathic medicines alone. Suppuration, abscess and their consequences are always treated by medicine under the judicious care of a Homœopath and with the happiest results. There are large number of medicines, but we shall only mention the principal of them. In treating such cases we have three objects in view: 1st, to avoid the formation of pus, if possible, by bringing to bear upon the process of resolution; 2nd, if that is not probable, to enhance the formation of pus and to bring it to the surface of the body in order to effect an easy evacuation without the interference of an operative procedure, and 3rd, and last of all, when the pus is evacuated and ulcer forms to preserve or restore the laudable character of pus and bring on healthy granulation, whereby the suppuration is brought to a close. For these purposes the following remedies are required.

In the first place our aim would be to cure the inflammation without the formation of purulent metamorphosis, for which one of the following medicines and remedial measures are required. The applications of heat and cold are often best adjuncts. Their action is not very certain but helping. Of the medicinal agents, Aconite, Apis mel. Arnica, Arsenic, Belladonna, Mercurius, Rhus tox and Sulphur deserve honorable mention. These have been already mentioned in connection with the treatment of inflammation in our April number. When the pus has actually formed what course are we to adopt? We must at once try to blight off the suppurative process. This can be easily done under Homœopathic treatment. We have many cases in our record. One here cited, will show how far this mischief can be evaded under judicious management.

Case—Ram Dhun Das, æt 45 years, had shock in his left thigh when ascending the steps of a house. He was a laborer by profession and a poor man, so could not take any notice of it. The place, in the upper part of the left groin just a little above Paupart's Ligament, was sore and tender. There was a slight feverishness in the next day. The pain was gradually increasing and the part appeared a little red and swollen. He applied all sorts of external medicines without any effect. At last he presented himself to the out-door dispensary of the Calcutta Medical College Hospital, where some competant Surgeon fixed the diagnosis upon an iliac abscess. The patient was told that an operation was absolutely necessary and he (the surgeon) was prepared to do it at once. The man dreaded the knife and on some plea took his departure from the dispensary. By the advice of his landlord he was brought to me. His condition was very discouraging. He was cachectic looking, pale and bloodless. There was fever still, throbbing and lancinating pain in the left iliac region where a little protuberance was noticeable. My prognosis was not very favorable. I plainly told him that his case turned towards the verge of an operative measures, still I must try for an easy resolution. On the 25th June, 1882, I prescribed Merc. Sol. 3rd trituration thrice daily and enjoined him perfect rest at home. Diet—milk and chapati for dinner and milk and soojee in the night. The prescription was not altered, and in the course of a week he was so much relieved of his pain and swelling, that he came to me personally in a carriage. He was all right in a fortnight. I saw the patient in full health in the end of August.

Case II.—A youngman, æt 25 years, by occupation a writer, got a shock in his right leg from a jerk in the tramcar, in the month of April. Next day there was pain but so slight that he walked four miles without difficulty. He was of robust health. The day following whole upper part of the thigh was swollen. He applied some liniment and the pain was much reduced, but the swelling collected to a place in the inguinal

region. His doctor advised him to resort to measure that might bring on maturity and then operation would be performed. But he desired to avoid that unpleasant procedure. I gave him Merc. Sol. 3. without any effect for three days. The pus was almost inevitable. At this critical moment I determined to try Hepar Sulph. 30, and so prescribed it three times a day. In the *Quarterly Homœopathic Journal* Vol. I, p. 139, it appears that Hepar Sulph. 30. has proved very useful in suppuration, especially that of the glands and also in syphilitic and gonorrhial bubo. Sometimes under its use the suppurative process is rapidly followed by absorption, and the abscess disappear without being opened. In this place I must remind the reader, the very bad consequences often accruing from the use, so often resorted to by the Allopathists, of Tincture Iodine and Nitrate of Silver as an external application in cases of abscess and suppuration in general. I am sorry to say, this practice has been sometimes resorted to by some Homœopathic practitioners. I do not assert that this is always injurious, but in Homœopathy, we possess more efficacious and sharp instruments than this, so we should not take shelter under an unsafe and often dangerous shade. We were recently called to a case in this city, where a bubo has been treated by a Homœopath who used all kinds of nostrum and external tinctures without effect, but at last benefited by an internal administration of Hepar Sulph. 30. alone. I must say this was a syphilitic bubo.

When pus has already formed and there is no means of absorbing it, it is better to enhance its progress and to allow it to come to the surface. In this way we often observe the abscess bursts of itself without undergoing the painful consequences of an operation. In order to bring on maturation of an abscess, we generally resort to internal medicines, otherwise a very bad consequences may take place, destruction of the tissue, sloughing, sinuses and other ill effects. Treatment of abscess requires great skill and care on the part of physicians and surgeons. The Allopathic practitioners know only how to open it skilfully

and dexterously, but we as followers of Hahnemann know very well how to treat without the meddlesome interference of instruments. When we unsuccessfully treat with medicines there are yet time for an operation, so every man should once try to do without knife. Following medicines deserve preference among so many described by surgical authors.

Aconite—When there is redness, throbbing high fever, hot and parched skin, great restlessness and anxiety.

Arsenic—Intolerable burning, pain and fever, great debility. When abscess bursts, it threatens to become gangrenous, pus fœtid and sanious.

Belladonna—High fever, red face, throbbing headache, great inflammatory irritation in the abscess. When pus is discharged it is not healthy. We generally use this medicine in the beginning to cure an abscess without the formation of pus. The abscess may be absorbed by this medicine.

Hepar Sulph.—Is an important medicine in this disease. It may be used both to bring on suppuration as well as to blight off an abscess. This has been already shown. But ordinarily we often to make use of it for suppuration. When maturation is imperfect.

Mercurius—May be used in the same way as Hepar Sulph. but we prefer it in cases to prevent suppuration. When this process is inevitable, Mercurius may enhance it, so that it is a double-edged instrument. In order to bring on absorption we generally use the lower dilution—third centismal trituration is the best. Dr. Bæhr recommend it freely and sometimes even lower than this.

Dr. Helmuth says Baryta Carb. and Carbon. are powerful medicines for promoting suppuration, when the tumor appears very hard: the former by some authors is regarded almost a *specific.*

Sulphur—Is used in chronic abscess and in consequence of maltreatment.

Silicea—Threatens suppuration or arrests its further pro-

gress. It promôtes granulation and cicatrization, so that a cure is complete. We use this in sinuses, fistula, fissures, &c. Dr. Thorcer recommends it when suppuration is profuse and debilitating. In *hectic* we use it more frequently and with marked success. In traumatic abscess and even in pyæmic cases we found it of immense value.

Of local application, Calendula officinalis deserves a high place. Dr. Helmuth speaks of in these terms "of all varieties of topical applications which are recommended in the treatment of suppurations and lacerations, and of all the different medicinal substances, which are supposed to possess an influence upon these processes, there is not one that is entitled to a higher place than Calendula. Our esteemed colleague and friend Dr. Brojendra Nath Banerji gave it a prominent place in anti-septic surgery. He extols it even better than Carbolic and Boracic Acid and other antiseptic agents. Some authors use it in water as an infusion, others in oils, glycerine, &c.

GENERAL OBSERVATIONS ON THE TREATMENT OF MALARIOUS FEVERS.

We have said in our previous article that the majority of our countrymen do not place any reliance upon Homœopathy when fevers are to be treated. The reason of this is obvious. Unlike cholera, malarious fevers of Bengal appear in divers forms and with no end of symptoms. Consequently a physician must be thoroughly versed in his lore both theoretically and practically to be able to cure them. Besides he must possess local experience to enable him to meet peculiar phases of the disease. It was this latter circumstance particularly, which proved so disastrous to the cause of Homœopathy. Fevers of various types are the prevalant diseases of Bengal, and because Homœopathy was supposed to be a failure in these cases, its reputation generally suffered in consequence. When we first began the practice of Homœopathy, we felt especial difficulty in treating cases of fevers. Sometimes

cases would yield to a single dose of the right medicine, but in many cases the appropriate medicine was not forthcoming and we were left in the lurch. Of course when the patient would wait there our success was assured; but generally men would not make any allowance for our shortcomings and our system was condemned instead of our own ignorance. Ours is not a palliative system, consequently where we were unable to hit at the similinium, paroxysm after paroxysm came on without the least amelioration of the symptoms, but the moment the right medicine was found a few doses of it were enough to cure the entire disease. People, however, were unable to observe our own defect, but attributed the delay to the slow operation of our medicines. They had found out the defect of Allopathy and so came to us to be able to do without it; but our delay was a great drawback to them. Although a thorough command upon our Materia Medica gives a good deal of facility to the practitioners in treating cases of malarious fevers, we believe that even then we shall not be able to manage such cases to the entire satisfaction of ourselves and our patients. Our own country abounds with febrifuge medicines, and until they are utliized by proper proving we cannot expect to get a thorough mastery over the diseases of our country, especially malarious fevers.

Allopathy succeeded in engrafting itself to the peoples' mind, because of its Quinine more than any thing else. The people were almost in a state of helplessness in the very disease for which they required help every day. The Kabirajes could be to a small extent entrusted with cases of a chronic nature, but as a general rule acute cases were beyond the resources of their system. When Quinine was brought to our country, the people were actually taken by surprize. Its prompt action to check the paroxysm was in exact contrast with the tedious management of such cases by the Kabirajes. Consequently a feeling of relief now took the place of their former helplessness. It was the medicine that was needed and its possession at once secured to Allopathy a universal acceptance. As a proof of this we can assert that in

the North-Western Provinces where no such fevers were to be seen, Allopathy at once failed to make any impression upon the people. On the contrary, when Homœopathy was introduced it gained a rapid celebrity and in less than a decade it became an accepted mode of treatment in all the principal centres of population.

Although Allopathy succeeded soon in recommending itself to the people, the latter did not take, however, a long time in discovering its real worth. For a time the native system of medicine was all but extinct, especially in the large cities of Bengal, and Allopathy became the rage of the people. But the inevitable reaction seen followed. The vaunted panacea of malarious fevers was rated at its proper value. Although it was a true curative in a certain percentage of cases, in the majority it proved to be nothing more than an immediate palliative. The forcible suppression, which only a too large dose could bring about in the majority of cases, was sure to be followed by relapses with their concomittant evils. In good many cases again the fevers took a worse turn and typhoid symptoms supervened immediately after Quinine was administered. It must, however, be said to the credit of Quinine that more often the evil consequences are due to the fault of the practitioners. Where Quinine is a real curative, a small dose always was sufficient, but not knowing that specifics are only possible for specific forms of diseases and not for the disease as understood nosologically, our practitioners went on increasing the dose of Quinine instead of attempting to find out new remedial agents according to the specific forms of the illness. This had no doubt the desired effect in a good number of cases, but it was only suppression and not cure. The paroxysm alone was removed but not the disease itself. There was the same general uneasine[illegible] no inclination for food, &c. When the fever is cured of itself or by the Kobirajes, the patient made rapid improvement in no time. We remember in our earlier days when the Kobirajes ordered rice to be given the keen appetite of the

patient would drive him to the kitchen to have his rice sooner. But now it is true an apparent cure is brought about sooner, but the patient is as miserable as ever. He has no inclination to get up from his bed and his general uneasiness continues as before. He gets his wished-for rice, but no amount of appetites-sharpners could induce him to take more than the first mouthful. There is an established notion that intestinal accumulation retards the action of Quinine, and it has become a rule with all practitioners to precede it by the administration of a dose of purgative. It is true, purgatives do help to a certain extent, but only by removing the tension of the system by its action upon the circulation, *i.e.*, serving the same purpose as a few more paroxysms would do. If, however, there happens to be any irritation in the intestinal canal in nine cases out of ten, the fever appears in an aggravated form.

Our Kabirajes say and we believe with perfect truth that fevers must be allowed to go on for a few days before any medicine is prescribed. Even purgatives must not be given to disturb their natural course. We have seen the benefit of this waiting in our own practice. In a few cases the cure is effected which, perhaps, would not have been the case had any medicine been given. Even Quinine would not produce the full compliment of its evils were this wholesome advice followed. Of course, cases do happen where we cannot act according to this rule, such as, congestive chill, &c., but these are only exceptions. As a general rule it is better to allow the force of the fever to spend itself before interfering. But our countrymen seem to have become spoiled and rather than forego their quota of rice, for a few days would brave all the evils consequent upon an immediate suppression. We say this because the above views are the outcome of the observation of the lay public, not ours, although they perfectly coincide with what Homœopathy inculcates. The patients, no doubt, hope in such cases to be able to avert the evil consequences somehow or other. Of course, where the constitution of the patient is strong and vigorous, he can, by good and careful living, undo the evil consequences of Quinine, but where this strength

and vigor are wanting as is generally the case with our countrymen he is sure to rue the time when he resolved to give himself up to the hands of the Allopaths. It must, however, be told in this place that in spite of his strong Physique, the European was the first to discover the evil effects of Quinine.

In contradistinction to the above every Homœopath now knows how fevers are cured when the proper medicine is administered on the principle of similars. One or two doses of the simillimum is sure to bring all the relief that the patient wants, and the paroxysm is cured as if by magic. The cure is at the same time complete and parmanent. The repeated relapse which the victims of Quinine are known to suffer under is a thing almost unknown in the vocabulary of the Homœopath. And the subsequent improvement is as rapid as could be desired. The appetite returns and the patient enjoys the comforts of health simultaneously with the cure of the paroxysm. In fact, in less than a week the patient returns to his duties as if nothing had happened. We have been now treating Homœopathically for the last ten years or more, and we must say we have not used a grain of Quinine yet in our own family. Outside of our family too we have succeeded in impressing men of the superiority of the Homœopathic method of treatment over all others in spite of a little delay that now and then takes place. They have come to know after repeated experience that their troubles will cease the moment the proper medicine is found out. They have learned the advantages of waiting a reasonable time and would not now grumble if any little delay takes place in finding out the simillimum. There is a certain class of merchants, the pulse-dealers of Calcutta, who have come to know the advantages of our method of treatment, so thoroughly, that they would never part with a Homœopath so long the practitioner is not despaired of a cure. We have now treated all sorts of cases in their family, and their faith in Homœopathy is simply unbounded. They do not belong to the class in which education has made any progress. They are a simple sort of people, but their habits are

thoroughly practical. Consequently they are not a whit inferior to our educated countrymen in matters of common sense. When they saw a few cases of fever of acute nature cured by Homœopathic medicines, they at once resolved to give it a fair trial. They were convinced of the mischievous effects of Quinine in the fevers of our country, at least in the majority of cases, and it was their necessity which obliged them to resort to Allopathy in times of need. Now that they are satisfied of the superiority of Homœopathy; they are stanch advocates of the method, and on no account would give it up even when we fail to give prompt relief. Through the influence of these men it has made considerable progress in the Western portion of Lower Bengal, the part of the country where they come from. Even in Calcutta they have helped a good deal towards the spread of the system.

Cases from Practice.

UNDER B. L. BHADURI, L. M. S.

ACTION OF LOW AND HIGH DILUTION PHOSPHORUS IN CASES OF PNEUMONIA.

EARLY one morning I was called in hot haste by a friend to see a relative of his. When I entered the room, the patient was evidently in great suffering. He has coughing violently, but there was no expectoration at all to bring him any relief. On enquiry I learnt that the patient was suffering from high fever and cough with severe pain in the chest. The temperature was a little above 3° F; in the evening it would rise to 5° F; skin hot and dry; considerable thirst; cough dry and very painful; by the stethoscope the whole of the left chest was found to be attacked with Pneumonia.

The patient was very intemperate in his habits and used to get fever off and on. There was also a large fistula in the margin of the anus discharging a large quantity of pus every day. Both the liver and the spleen were enlarged.

Phosphorus 2 × one drop was given every 3 hours and was ordered milk and sago for his diet. In the evening there was scarcely any change in the symptoms except a little abatement in the fever which came on later as well as with less intensity. The medicine was ordered to be continued with instructions to stop it if perspiration broke out copiously. Next morning I saw the patient at 8 A. M., when he was found to be drenched with perspiration. There was scarcely any pain on coughing and he was bringing out rust-colored sputa, medicine continued every 6 hours. There was no exacerbation of the fever and he was making fair progress. Next morning I saw the patient in a fair way to recovery, yet I was requested to call in a consulting physician. Perhaps the patient thought he would make still better improvement if two heads were brought together instead of one. The consulting physician ordered Phosphorus 12th to be given every 6 hours. When I called next morning the patient was again far worse than on the day previous. Fever which had almost gone, again came on at night with greater intensity, the skin was dry and hot; the cough had also become painful and dry. I asked the consulting physician if Phosphorus 2 × was again to be given. He consented. In the evening skin had again become moist and cough less and with some expectoration. In the next morning he was again doing very well. There was no fever; large quantity of rust colored sputa was being coughed up. In a few more days the patient was cured. Sulphur 30 was the last medicine given.

In another case the patient was a boy of 13 years of age and a victim of malarious fever. The spleen and the liver were very much enlarged. He was gradually improving under Homœopathic medicines, when one morning I was very urgently requested to see the patient at once. He had a severe attack of fever since last evening, skin hot and dry; cough incessant and perfectly free from any expectoration. The upper lobe of the left lung was found to be attacked with Pneumonia. Phosphorus 6th had no effect, but after 12 hours' use of the 2 ×, he was in a fair way to recovery. In the morning there was drops of

perspiration on the forehead and the body also was copiously perspiring, no pain during cough, expectoration tolerably easy and rust-colored. In the course of a week, the patient was cured of his Pneumonia. This reaction also served to rid him of his malarious fever which was entirely gone, never to return. In the course of two months, his spleen and the liver were gone, he had gained a good deal of flesh and was as plump as butcher's dog.

In a third case the patient was a female of very weak constitution. A month before she had given birth to a child. Ever since the sixth month of her pregnancy she was subject to attacks of alternate constipation and diarrhœa. There was considerable acidity and indigestion; she had become almost bed-ridden at the time of the delivery. She got an attack of a very strong fever with accompanying metritis. When she came to my hands, she was in a very pitiable condition and her case was pronounced hopeless by the Allopaths. Very gradually she came round, and while fairly in a state of convalescence, got an attack of Pneumonia. She was very much troubled on account of the pain incident to this disease. The family-physician, an Allopath, was instructed to watch the patient during my treatment, a circumstance which gave me a good deal of annoyance. I knew his main endeavour would be to take back the patient from my hands. He was all along trying to find fault with my treatment. Latterly I was attending the patient every day. It was in the afternoon of a day that I was called to see the case without fail. The Allopath was also there at the time. I diagnosed Pneumonia which was corroborated by my friend. I was very much moved on account of the patient's sufferings and rather unwillingly assured her of relief by next morning. I am never in the habit of giving any positive assurance to my patients, but in this instance I did it in spite of myself. The Allopath was at my side and instantly took me to task for our (Homœopaths) habits of exaggeration. When we were alone, I asked him if he was sure of the case being one of Pneumonia. He answered in the affirmative. I requested him to see the patient again at night to make himself doubly sure, and also appointed a time of

meeting the next morning. I told him that I was not going to give any medicine to the patient then, but would do so the next morning on being assured by him that the case was one of Pneumonia and nothing else.

The next morning we met by appointment at 9 A.M., and asked him to examine the patient for the third time. He came at night too according to aggreement and assured me on further examination as to the nature of the illness. I gave Phosphorus 2 x every three hours with instructions to stop the medicine if copious perspiration appeared. The next morning the patient, who was by that time aware of my real intention in not giving her any medicine on the occasion of my first visit, with a smile in her countenance, told me of the immense benefit which the medicine had done to her. The pain had abated entirely after a few doses, and she was at the time quite free from any troublesome symptom. My friend the Allopath then examined her chest and told me that the improvement was really marvellous. One dose of Sulphur was given by next morning, there was no vestige of Pneumonia detectable by the stethoscope. I asked my friend if the improvement was due to my medicine or to Nature or to the imagination of the patient as we were often assured by them to account for cures brought on by Homœopathic doses. He told me candidly, that it could not have been due to any thing else but the Phosphorus. He said that although cases of Pneumonia at times yielded to the action of Nature, but that in such cases the cure was never so prompt as in the present instance. It must be here said to the credit of my friend that he has become a thorough convert to our system ever since that day. Although he is now and then seen to use Allopathic medicines, but never except at the solicitation of his patients. If the treatment is left to his discretion, he would always use Homœopathic medicine. And that in his own family Homœopathy has become the prevalent system.

Now I have used Phosphorus in various dilutions in cases of Pneumonia, but I have never met with that prompt and permament success which the 2 decimal affords.

PNEUMONIA.

30th September 1882.

Babu ——————————'s son, 11 years, is very unhealthy and anæmic, and is also subject to a discharge from the ear off and on. Has got an attack of fever on the 27th of last month after a few days suffering from cold. The fever came on with shivering at night with thirst and headache and cough.

30th September, 8 A.M. Has got fever yet, the eyes and face suffused and flushed; cough very troublesome and dry, now and then a little yellowish expectoration. Has got headache.

Bell. 6 every three hours. Sago for food.

1st October. Has got fever as usual at night, it came on with greater violence. Got fever on the first day after bathing for a considerable time in a Chowbatcha. Cough same.

Rhus Tox. 6th every fourth hour.

2nd. Much the same: was very restless at night.

Cont.

3rd. Yesterday the fever came in the afternoon with increased violence, complained of a diffused pain in the chest during coughing, brought up a large quantity of yellow mucus, very little perspiration in the morning. The fever is a little less just now at 11 A.M., was delirious at night.

Bryonia 12, thrice daily.

4th Evening. Has got fever in the afternoon.

The cough has become very violent: a large quantity of yellowish mucus was expectorated after severe coughing, the pain in the chest is very troublesome during coughing. Respiration accelerated. The patient feels more prostrated than before. He wants to lie down quietly and is also talking incoherently now and then: was more delirious at night. Some watery discharge from the ear. On percussion the anterior part of the left lung is tympanitic, as well as the sides. On auscultation very distinct crepitation. Thirst for large quantity of water at long intervals. Cont.

5th. Morning. The fever appears to be slightly less, but delirium as before, as well as the crepitation, expectoration brought out after severe coughing and is yellow. One scanty stool consisting of a number of ascarides.

Bryonia 6th every 4 hours.

6th. Almost same as before. One stool consisting of a considerable number of pinworms. Expectoration yellow and not so difficult.

Cont. Cina 200, one dose morning and evening.

6th. Evening. Fever as before, a little enlargement of the right lobe of the Liver, which is also painful. Discharge from the ear same. Bry. 3rd.

7th. Could not see the patient, but was told to be just the same ; delirium at night not less, thirst same as before. Fever appears to be a little less just now. Crepitation very distinct; discharge from the ears watery and yellowish, one large liquid stool with a considerable quantity of pinworms.

Sulphur 30. morning and evening.

8th. Fever considerably less and also came on later in the evening, delirium less: perspiration a little more this morning, once semi-solid stool with pinworms. Cont.

9th. Very slight fever at 9 P.M., no delirium, very little fever just now (9 A.M.), patient is not drowsy as he was before.

No medicine.

10th. No more fever, chest clear of all crepitation, but expectoration as before yellow and copious. The patient has sat up in the bed and wants some food.

No medicine. Milk to be added to his sago.

From this time the patient went on improving till he was all right a few days after. Along with the fever the discharge from the ear also vanished.

There was a second case of Pneumonia treated immediately after the above case was cured. I was called on the 12th day and the patient was all along getting a mixture, consisting of Amon. Cab., Nitric Æther, &c. The temperature would rise to 5° F. in the evening, but never go down below 3°F. in the morning. On auscultation the whole right lung was found to be affected, crepitation all over anteriorly posteriorly and laterally. The left lung was also affected a little in the upper lobe. I gave Phosph. 3, which was continued for four days without any benefit. On the 5th day of my treatment I was written to by the attending physician, and I ordered Sulphur 12 morning and evening. This medicine was continued for two days. Fever came down to 2° F. in the morning and the rise was also less in the afternoon being only 3½° F. There was no perspiration, but the drowsiness was less. I saw the patient again on the 8th day of my treatment. I had written to the attending Physician the day before to administer Bryonia if Sulphur wont do. But I found the patient had no thirst at all; in fact, all the symptoms characterising Gelsemium in such cases, and I ordered it to be given in the 1st dilution every four hours. I received a note yesterday (20th October) and the patient was doing as well as could be expected. The fever was merely nominal and would leave the patient entirely in the morning. The chest too had become clean.

This patient was in a fair state of health before he got the Pneumonia and was neither anæmic as my first case; yet in spite of these favourable conditions, the patient continued unwell up to the 22nd day, while the first case made rapid improvement under Homœopathic medicines. If the Allopathic Fever Mixture had not been prescribed, perhaps he would have made still more rapid improvement. It must be said, however, that the first case would have come round earlier, if Sulphur had been given before.

Review.

SUPERSALINITY OF BLOOD AN ACCELERATOR OF SENILITY AND A CAUSE OF CATARACT.

By Dr. J. C. Burnet, M. D.

This little book, as its name implies, is an attempt to prove that too much use of salt with our food brings on premature old age and is also a cause of cataract. The author does not vouchsafe for the correctness of his theory, but the facts that he has adduced in its favor lend something more than probability to what he has broached. The experiments of Kmide are decisive as to the effect of salt in the frogs and other lower animals, and from analogy it might be assumed to have equal deliterious influence upon the human system. The observations, however, that he has brought forward to substantiate his news, are two few and vague to be relied upon as conclusive. But now that the suggestion is made others can work in the same line and bring corroborative proofs. Salt is a daily article of consumption and is not only likely but actually abused by many, so that if the charge laid out at its door could be proved to be true, the author would be regarded as a benefactor of the whole human race.

We hitherto knew and yet believe that our common table-salt is a real necessity to us in as much as it proves antidotal to the development of parasites in the human body. Indeed, people subject to them have an inordinate liking for this substance, and we have hitherto rather indulged them in the continuance of the habit. We remember to have read somewhere that one mode of punishing a particular class of criminals in France was to stop their daily allowance of common salt. This led to the generation of parasites in their system which ultimately proved fatal. Whether this system is yet in vogue in the country we do not know.

But now that Dr. Burnet tells us salt could not be abused with safety, it behoves every one of us to find out if thereis any truth in what he says. The writer can adduce instances where salt might have proved deliterious. One of these is now dead and at 35 he looked quite a man of 50, if not more. He had an extraordinary likeness for this agent. The other two are yet living and both of them show unmistakable signs of premature old age. One of these has lost an eye and the other has decided arcus senilis in both eyes

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EDITOR'S NOTE.

The following scrip appeared in the *Statesman and Friend of India*, October 26, 1882.

It is not yet ascertained how many times the malarial germ has been discovered. It was said to have been discovered in the Italian marshes by a couple of Italian savants. It is sometimes a minute fungus, then it is a microscopic germ, and again it is something totally different. This time we have to record that, according to Professor Lanim, a French physician of Val-de-Grace, it is a minute organism which he has considerately named *Oscillaria malarial*. The discovery was announced in the French Academy of Science by M. Richard, who affirmed that he had found those microbes in all fever patients of the Phillippeville Hospital in Algeria. They are, it seems, located in the red corpuscles of the blood, and in time destroy the corpuscles. Treatment with acetic acid renders them visible. This is how they are described : "They look like a necklace of black beads, with one or more projections, which penetrate the cells of the corpuscles and oscillate or move like whips." Innumerable necklaces of black beads lashing about in one's red corpuscles is quite a new view of malarious fever.

Presidency Press, Calcutta

THE

INDIAN HOMŒOPATHIC REVIEW.

Vol. I.] OCTOBER, 1882. [No. 10.

PROGRESS OF CATHOLICITY IN MEDICINE.

In the September Number of the *Calcutta Journal of Medicine*, there is an article headed "Progress of Catholicity in Medicine." This is not the first time that we are entertained by our learned colleague about his views on the subject. But we must confess we have not been able to convince ourselves of the real drift of his contention. He no doubt means by Catholicity, liberality of sentiment towards other rival systems of medicine; but he must have known that a real Homœopath cannot but be liberal and that in the extreme sense of the term. A Homœopath knows that his method of practice is superior to all others yet discovered in the domain of medicine, and he knows full well too that a man's previous conviction cannot be shaken until he comes in intimate contact with something better than his own. The generality of mankind as a rule, follow the path chalked out for them by others of acknowledged superiority, especially in which they have been brought up. To be able to think for themselves falls to the lot of very few indeed. Now a Homœopath knowing all this to be true, can never afford to be ungenerous towards the practitioners of the other schools, as well as the systems they profess to follow. And the fact is all our journals and books teem with this sentiment of liberality. Who has ever noticed in our writings the same rancorous feeling

which characterize the Allopathic Journals in all their dealings with Homœopathy?

But if by Catholicity our brother means the indiscriminate use of all sorts of remedial agents Homœopathic, Allopathic, Kabirajee, and Hakeemy, &c., as he has sometimes betrayed in his writings, we must confess to our inability to follow him suit. All our previous experience has convinced us that in the generality of diseases flesh is heir to, our dilutions afford the best and the promptest help ever obtained by the administration of medicines. We have repeatedly and times without number seen that, the moment a similinum of a disease is found out, the cure of the patient is assured, if his condition is not passed all hopes of recovery by human agency. In fact, our faith in our system has been so implicit and deep-rooted that in cases of a more complicated nature even where the sufferings of the patient has been extreme, instead of loosing all balance of our mind, we can afford to wait and patiently search for the proper Homœopathically indicated medicine. In the early stages of our Homœopathic practice we cannot say that we have never departed from this rule and fallen back upon Allopathy in times of need. But our maturer judgment has taught us the lesson that in the long run, it is safer to depend upon Homœopathy in such extreme cases, and we believe every Homœopath can testify to its truth from his own repeated experience. We must confess, however, that in spite of our unbounded faith in Homœopathy, we have never forsworn our right to use all that is useful in the records of the past. Our motto has always been "Give Cæsar what is due to Cæsar." In cases of passage of Renal culculi through the ureter, we have never omitted to give the benefit of an opiate to our patient, and in cases of intestinal accumulation a tepid soap water enema has done us more service than any number of our dynamized remedies.

Our brother does not like also the name of a Homœopath, as it savors of sectarianism, and in corroboration of his views quotes Dr. A. C. Pope. Now let us see what this very Dr. Pope says in his closing address to the fellows and members of the British Homœopathic Society.

Dr. Pope says :—

To abandon—were such a thing possible—the use of the word homœopathy would, I submit, be to offer an obstruction to therapeutic progress.

Lose sight of the word homœopathy, and ere long you will lose sight of the doctrine signified by that word. Having lost sight of the doctrine of homœopathy what will remain? A large collection of unstrung empirical facts; facts of untold value when interpreted by the light of the homœopathic law, but when viewed without that connecting link, incapable of being understood or appreciated, and, save imperfectly, and ever uncertainly made use of in practice.

Again, the doctrine of homœopathy being lost sight of, how are we to discover or apply new remedies? How are we to meet hitherto unknown forms of disease? How can we devote our energies to improving the treatment of such disorders as must even now be ranked as incurable?

Homœopathy is the only therapeutic doctrine which ever has taught, and, so far as we can see at present, the only doctrine which can teach us the specific or directly curative uses of a given drug. The knowledge of every direct drug-remedy, of every medicine, that is, which is admitted to be curative of a given condition—which has not been discovered through homœopathy—has been made known only through accident or tradition.

For our part, we believe, time has not yet come when we can safely give up the name. Every Homœopath knows that we were forced to adopt this name by circumstances and that we retain it only as a matter of temporary convenience. But having once adopted the name we must continue to use it so long we cannot give it up safely and honorably. At the present moment it would be not only inexpedient to ourselves and to our patients, but the betrayal of a feeling akin to moral cowardice were we to throw out the name altogether and in hot haste. In the same sense that we cannot do away with it from our medical

literature, we can neither creditably do so from our door-plate. When the United States of America with all its Homœopathic Colleges, Journals and Public Hospitals, can ill afford to do it, no other country, far less India is justified to do so without the risk of delaying the ultimate development of Homœopathy and its final adoption by the Profession at large.

Why it would be inexpedient ought to be at once patent to every man, who has calmly and considerately thought over the matter. So long the general body of the lay public likes to remain as they are and use their discretion whether an Allopath or a Homœopath is to be consulted, we practitioners can never afford to relinquish the name. The retention of it may indicate bad taste, nevertheless it should be retained to avoid inconvenience, if for nothing else. When we declared our adherence to Homœopathy, our patience was on good many occasions put to the severest test for want of a badge of this nature. There were many who knew our faith, but they were not aware that we had renounced the old system never to have anything to do with it. Others there were again who were ignorant of this fact of our conversion to the new creed and would avail of our services as they were wont to do. Of course we made plainly a rule to divulge the fact of our converstion to every body who would like to engage our services. But instances did happen where we mistook our men and attended the call without any such previous intimation. Where the patient and his relatives were men of sense, they would not feel disconcerted at the discovery of their mistake. They would even go sometimes to the extent of administering a dose of our medicine in our presence to save appearance. But the moment we turned our back, an avowed Allopath would be called in. When they were otherwise, they would not only tell plainly to our face that Homœopathy was not wanted, but

sometimes would even dispute the justness of our claim to the fee. Disgusted with this state of things we at last put the words—Homœopathic Practitioner—under our name in the door-plate and ever since that time all sorts of inconvenience have been put to an end. We are now called only where Homœopathy is wanted and nowhere else.

Apart from its expediency the retention of the name is necessitated on more broad and essential grounds. Although it was thrust upon us in the first instance in ridicule, yet at the present moment this name is associated with all that is grand and sublime in the art of healing. From its peculiarly isolated beginning, Homœopathy has now become a power in the civilized world. Even in India where it is a thing of yesterday only it is not the less a living power that is soon to show itself in all its irressitible might. In spite of all that our opponents say we know that we are the custodians of a sacred truth and it behoves every one of us to proceed right loyally in our task of disseminating it. Let us only remember how manfully our early pioneers fought their battle. In comparison to theirs, ours is a time full of materials for the present and hope for the future. Now to give up the name would show that we are ashamed of the charge and that we lack the moral courage to identify ourselves with a cause which is the embodiment of all that is progressive in therapeutics, and which is to revolutionize sooner or later the whole medical world. And we can certainly afford to wait, because our position is not so isolated after all as was that of our early pioneers. There is another reason why we should stick to the name yet for sometime to come. We know that whatever progress has been made in orthodox medicine of late is due to Homœopathy alone and to nothing else. Our opponents, at least a more sensible portion of them, have come to know that, if they would stick to their

old fallacies, they will have soon to retire from the field altogether. And to save this catastrophy they have begun to inprove upon their own by appropriating our discoveries. In fact, from the writings of Ringer, Phillips and others less prominent, we can read the signs of the times and guess what is there in the immediate future. Our abandonment of the name at this juncture would postpone indefinitely the entire acceptance of our doctrine. Although we are advised to do so on the broad ground of Catholicity, our opponents will never lose the opportunity to use the fact to our detriment. They will never cease to preach that we have at last seen through our foolishness and were going to return to the fold of orthodoxy. Our lay friends and perhaps also the young enquirers will loose heart and will be led to abandon our cause altogether. The early preachers of Christianity suffered even the death of Myrters for the sake of truth. Are we so milkhearted that we cannot even bear with patience the little inconvenience arising from ostracism from the general body of the Profession? In this connection, we cannot do better than quote *in extenso* the following pages from a recent lecture of Dr. Hughes in the London School of Homœopathy.

In conclusion, we cannot help whispering a few words to our brother's ear. Did he not preach this very doctrine of Catholicity and try to pose himself as a physician with all the rights of discrimination thereunto belonging on the day of his declaration of faith in Homœopathy in the Bengal Branch of the British Medical Association? What was the result? Has he ceased to do so during the last 18 years whenever opportunity has offered? Yet what has been the result? Was he a whit better treated when he was nominated to the Faculty of Medicine by the Senate of the Calcutta University? Why then allow himself to be called a half-hearted Homœopath by his friends and brothers?

HOMŒOPATHIC PRACTICE.*

By Dr. Hughes.

Gentlemen.—We have now surveyed the method of Hahnemann, in all that is essential to it. It is a rule—let likes be treated by likes. The "likes" are—on the one side the clinical features of disease, with such knowledge of its ætiology and pathology as can be had; on the other, the physiological action of drugs. This similarity is to be, as far as possible, generic, specific, and individual; and the remedy thus selected is to be given (as a rule) singly, rarely, constitutionally, and minutely. If you have followed with concurrence the reasonings I have set before you, I trust you are satisfied that this method has every claim—scientific and practical—upon our acceptance; that our wisdom as medical men is to carry it out wherever it is applicable.

I have yet to speak to you of some subsidiary matters—of the philosophy of homœopathy, the rationale of its curative process; of its history in the world of medicine; and of its claims on the profession. I shall also say something of the theories of of its founder, which, though logically unconnected with his method, have actually had a good deal to do with both its controversial and its pactical aspects. But before passing on to these, I feel bound to dwell on another series of considerations. I am assuming that you accept the method of Hahnemann, that you intend to adopt "homœopathic practice." What does this involve? What alteration does it make in your relation to the profession and the public? What duties does it lay upon you? What provision must you make, and what course of action must you follow, to carry it out aright? You may well ask such questions; and I am bound to answer them. Let us pass to-day, then, from the principles of homœopathy to its practice.

I. When Hahnemann first propounded his method, he did so in the ordinary medical journals, addressing himself to his

* A Lecture delivered in the London School of Homœopathy, June 29th, 1882.

colleagues. He wrote, as he acted, in the liberty which every qualified physician is supposed to have, of doing what he thinks best for his patients, and of expressing his views among his peers. But this liberty, which had been granted to every systematiser who had preceded him, and has never since been refused, was denied to him. The reform in therapeutics he proposed was so great, so sweeping; the mode of treatment he would substitute for that then current so put to shame its complexity, its violence, its absence of solid base, that the practitioners of his day could not bear it. They silenced him in their journals; they stirred up the druggists to hinder his dispensing his medicines; they invoked the arm of the State to forbid the new practice. If any man would carry it on, he must do so secretly. It was outlawed alike professionally and politically.

Nevertheless, it was believed in: it was adopted. Those who dared to adhere to it found themselves excluded from all the associations whereby the practitioners of medicine seek to advance themselves in the knowledge of their art. Membership of medical societies, practice in established hospitals, freedom of utterance in professional journals, was denied them: the recognition of truth to which their reason led them, and the application of it for the good of their patients to which their conscience constrained them, were treated as crimes. Their only wish was to practise freely, in their natural position, what their judgment dictated to be best; but this was sternly disallowed them. What was the result? As they multiplied, they set up societies, hospitals, journals for themselves, calling these by the name of the method to which they were devoted. As time went on, schools and colleges had to be established to teach the new method, whose very mention was tabooed in the existing educational institutions; homœopathic pharmacies became necessary, where our medicines could be obtained, and homœopathic directories, from which the public could learn who were practitioners of the system.

The consequence is, that homœopathy has acquired an organisation. From a creed it has become a church. The new adhe-

rent to it at the present day finds it in this position, and the first question he has to decide is whether he shall join this church or not. Shall he simply embrace the creed, practising it as far as his patients and colleagues permit, and professing it no more than occasion demands? Or shall he avow his faith, affiliate himself to homœopathic institutions, and allow his name to appear in the *Homœopathic Directory?* Now, I am well aware of how much there is to be said for the former alternative. In the abstract, it is the legitimate course to follow. It was the mode of proceeding adopted in every country at the first, until the intolerance of the profession compelled its abandonment; and each new convert must feel strongly induced to attempt it afresh. But, much as I sympathise with the sentiment which actuates him, I can have no hesitation in advising him to prefer the other course. The organisation of homœopathy was, indeed, forced upon it; but, however acquired, it now belongs to it as a body to its soul. The position it has taken up was not of its seeking; but, having been occupied, it cannot be abandoned without fatal misunderstanding. We, who have held the fort for many a day, must continue to hold it until our claims are yielded, and our method receives its legitimate recognition, our mode of practice its due liberty and honour. We cannot do so unless from time to time we receive reinforcements to supply the gaps left by age, sickness, and death. The greater our numbers, the better our institutions are manned and our journals filled, the more respect we shall win for our system, the nearer we shall bring the day when the profession shall be forced to recognise it and to invite us back to free fellowship. Till then, do not weaken the cause by standing aloof from its embodiments. Allow your names to be placed in the *Homœopathic Directory*, or rather, be proud of it as of an enrolment in a Legion of Honour. Seek service in any homœopathic hospital or dispensary which may be in your neighbourhood; send cases to the homœopathic journals; apply for membership in the British or other Homœopathic Society. Every man who acts thus lends fresh strength to the witness we bear to truth in medicine, and hastens the day of its victory.

I know that in the meantime the course of conduct to which I invite you involves heavy sacrifices. Things are not indeed as bad as they were, when to avow one's belief in homœopathy meant professional and even social outlawry. But the price is still a heavy one to pay. Such memberships and appointments as you may have you will find it hard to retain, and you will get no more. Consultations and assistance will be generally grudged, often refused. By many of your fellows you will be treated as a black sheep, spoken of behind your back as a fool, if not knave, met face to face with significant coldness. Even the more liberal-minded, though they tolerate you, will do it with a pity which is often contemptuous. There are, of course, exceptions to this rule, in individuals, and even in circles—among which Birmingham deserves honourable mention; but as a rule it holds good. You must run the risk of being so treated. But what of that? Are you the first who has had to suffer for truth—to go, if need be, without the camp, bearing its reproach? Count the cost, indeed, before you make your avowal; but do not let it deter you from making it. To some extent you will find compensation. Another fellowship will welcome you, other places of honour and usefulness will be open to you. Still, you will be a heavy loser, and can only incur the loss in the firm conviction that you are thereby serving the cause of truth. This conviction is mine; I trust it may also be yours.

II. This, then, is the first thing I have to advise—that you avow your new faith in the most practical way, identiify yourself with its body and not merely its soul, join its church as well as profess its creed. And now arises the next question,—What are the duties of the new position you have taken up? In what way do they differ from those of every practitioner of medicine?

Do you, in acknowledging the truth of homœopathy, bind yourselves to its exclusive practice? No; by no means. In becoming (as men will call you) "homœopaths," you have not ceased to be physicians. "Physicianus nomen, homœopathicus cognomen," we may say after St. Augustine's manner. It is the su-

preme duty of us all to do what we judge best for our patients, irrespective of any creed or system. We have protested against the tyranny which has ostracised us because we believe this "best" ordinarily to be homœopathy ; and it is not for us to be entangled again with any other yoke of bondage. We must let no one impugn our right of unfettered therapeutic choice. In allying ourselves to homœopathic institutions we manfully recognise a truth which has laid hold of us, but which is at present denied and cast out : we in no way determine how far its practical consequences shall reach. Take up this position from the first. Claim to be (as I have said in another place) priests of the one Catholic Church of Medicine, however much the prevailing majority deny your orders and invalidate your sacraments. They force you into a sectarian position ; but let them not inspire you with a sectarian spirit. Assert your inheritance in all the past of medicine, and your share in all its present : maintain your liberty to avail yourselves of every resource which the wit of man has devised or shall devise for the averting of death and the relief of suffering. This is the only legitimate ground to occupy, and you should make it plain that on this you stand.

But while desirous of impressing this primary truth upon you, I would remind you that you have duties as "homœopathicus," and not only as "physicianus." Duties to your patients, for they will seek your aid as such ; duties to the method itself, under whose name you enlist, and whose advantages you enjoy. The correlative of liberty here, as everywhere else, is loyalty ; and without such counterpoise it degenerates into mere hap-hazard and empiricism. Our special vantage-ground is our practice according to law, instead of in the "unchartered freedom" of which our old-school colleagues boast, but of which the best of them must often tire. Do not readily forsake it. At the outset think even of liberty as little as possible. Children are not the better for being free ; and the same may be said of novices in the method of Hahnemann. Your wisdom at the first is to practise it as exclusively as you can. Let experience, rather than *à priori* assump-

tion, teach you where it needs supplementing by other means. You will actually do more good to your patients on the whole, than if you began as eclectics; and you will be acquiring habits of order and precision which will stand you in good stead as you go on.

I am speaking thus, as regarding men who are about to commence practice in a new locality as avowed homœopathists. There are others, of course, who—already in harness—must erect their new building within the walls and under the cover of the old. They will begin by treating selected cases with their novel remedies, leaving unchanged the great bulk of their practice. As they learn confidence and experience, they will push their homœopathy farther on, and let their former expedients drop more and more into the background. At last the latter will have become the exception, and the former the rule of their practice, and the term "homœopathic" becomes justly applicable to their position and mode of treatment. They will then have reached the ground already occupied by those who have practised homœopathically from the beginning. But there will be this difference. They will have learnt what are the exceptions to the rule *similia similibus curentur*, and what are the auxiliaries with which it must be carried out. No man can know these so well as he who has worked out the subject for himself. Nevertheless, homœopathic practice as a whole is, regarded scientifically, a vast experiment towards the decision of the question how far likes cure all diseases without the aid of other means; and the results of that experiment, so far as it has gone, are available for the beginner. Let me briefly indicate them here.

1. First of all, you will remember that drug-giving, however important, is not the beginning and end of the physician's duty. He has to adapt to his patient all natural forces and circumstances within his control—heat and cold, light and air and water, rest and exercise, food and stimulus. He has to remove mechanical obstacles, and neutralise chemical or organic infections. You must not call the measures—surgical, regiminal, hydropathic—by which

you effect these ends, "auxiliaries;" you must not imply that they lie outside the ordinary path of medicine. Do not enter upon homœopathic practice with the thought that all your knowledge and command of natural influences may henceforth be laid aside. You must be—as Hahnemann ever was—hygienists, that you may also be healers.

2. This applies to the fundamental duty of the physician, whatever be his medical creed. He must obey the rule "*tolle causam*," when practicable, before any other; he must remove the *lædentia* and supply the *juvantia* of nature at large. But when, now, the physician practising homœopathically comes to his own rule, "*similia similibus curentur*," he must bear in mind the limitations of it inherent in its own nature. Likes can only be treated by likes, where likes are to be found. When your patient's trouble is one which drugs cannot simulate on the healthy body, you cannot apply your law. You will remember the instances of this which were suggested when we were on the subject. How can drugs produce anything like the disorder of sensation and function attending the passage of a calculus? How can they supply analogues to neoplasmata? Homœopathic *medicines* may do something for such conditions, as every now and then they have done; but there is no homœopathy, strictly speaking, in their administration. The homœopathic practitioner is not passing by his law, if in the one case he hushes pain or relaxes spasm, if in the other, he melts down the morbid growth by a liquefacient.

3. But, over and above such qualifications and limitations, the rule *similia similibus* may have practical exceptions—exceptions found to be such from experience, not necessary, nor such as could be foreseen *à priori*; in all probability provisional only, but actual, and to be duly regarded. Are there many, or any, such? Well, my *Manual of Therapeutics* expressly contemplates such cases. It is "according to the method of Hahnemann;" and of that method it says—"There may be diseases which lie beyond its possible range; and still more likely is it that there are diseases which have not yet come within its practical range. Accordingly, our

first step must be to enquire what homœopathy can do—as compared with the capabilities of old physic—in each malady that comes before us. What is the answer to such enquiry? I find only the following instances in which a candid survey of actual practice gives the preference to non-homœopathic measures:—

(a.) The use of cold baths in typhoid fever seems to give better statistics as regards recoveries than even our own treatment can boast.*

(b.) The recurrence in relapsing fever cannot be prevented by homœopathic remedies; but can be by antiseptics like the *hyposulphite of soda.*†

(c.) We have nothing to take the place of full doses of *iodide of potassium* in tertiary syphilis.

(d.) In peritonitis from perforation we must give full doses of opium, as in ordinary practice, if we are to have a chance of saving our patients.

(e). In cardiac dropsy we can rarely get the good effects of *digitalis* without the induction of its primary physiological effect, so raising the arterial tension.

(f.) *Nitrite of amyl* is a better palliative in the paroxysms of angina pectoris than any homœopathically-acting remedy.

(g.) The use of *iodide of potassium* in aneurism seems outside the range of our method, and is yet a most valuable piece of practice, on which we cannot improve.

(h.) In uræmic coma, measures for relieving the brain of the "perilous stuff" which is oppressing it—if needful, venesection itself—are of more avail than the best drug-treatment.

These eight, I say, are the only instances I can find in which, homœopathic treatment being applicable in the nature of things, it is at present so excelled as to be displaced by measures of another kind. You will see at once how few they are in proportion to the mass of ills where the balance is just the other way.

* See Dr. Bakody's report of the Pesth Hospital *(Brit. Journ. of Hom.,* xxxiv. 149.*)*

† So Dr. Dyce Brown in *Brit. Journ. of Hom.,* xxxi. 363.

You will thus be encouraged to commit yourselves freely, with such reservations, to the guidance of the homœopathic law. Let none impugn your liberty, but let all respect your loyalty: so you will witness to the method you profess, and will have the approval of your own best judgment.

III. Such is the counsel I would give you as to the general ordering of your practice. Let us now go more into detail, and see what should be your actual work at the bedside and in the consulting room.

I have spoken of the selection of the homœopathic remedy. I have shown you that its similarity should be, as far as possible, generic, specific, and individual: I have indicated the parts which generalisation and individualisation respectively should play in the process. Descending now from principles to practice, let me advise you to let generalisation predominate in your prescriptions for acute disease. That is, do not let your thoughts range down the whole Materia Medica, from *aconite* to *zincum* (as we used to say; now it must be from *abies zazia*), in search of your simillimum. Fix them rather upon the group of medicines which general consent has associated with the malady before you. They were first arrived at by the rule *similia similibus*; or, if obtained *ex usu in morbis*, they have seemed warranted *a posteriori* by it. They have stood the test of long and wide experience, so that you may be sure of their answering to the species—the essence of the disease. Suit them, as among themselves, to the form and stage of the malady; but do not, without very grave cause, go beyond them in search of a closer similarity, which is too often illusory. Of course no finality is contemplated: new remedies must from time to time be introduced, and old ones extend their known range of action. Leave this, however, to men of larger experience; as beginners, you had better keep to the ground already surveyed. In the presence of pleurisy, the best thing you can do for your patient is to appropriate *aconite* and *bryonia*, *cantharis* and *apis*, *arsenicum*, *sulphur* and *hepar sulphuris* to the inflammation and effusion. If pneumonia is before you, *aconite*,

bryonia and *sulphur* again, with *phosphorus* and *tartar emetic*, comprise the whole ordinary therapeutics of the disease. Some five or six medicines in variola, seven or eight in scarlatina, ten in continued fever, twelve in chronic intermittents (in recent ones four will suffice), are as many as are ordinarily required for your choice; and our best comparative results have been obtained where—as with yellow fever and cholera—our remedies have been few in number and everywhere the same.

The same rule holds good even in chronic disease, where the disorder conforms to a recognised type. You will get little good, in diabetes, by deserting *phosphoric acid* and *uranium*, in rickets, by going beyond *calcarea*, *phosphoric acid* again, and *silica*. But when your patient's narrative has gone so far as to satisfy you that you have to deal with an anomalous case of no definite character, you will do well to let your mind work freely among the medicines which the symptoms suggest. Go upon the plan of exclusion. Test the remedy which first occurs to you by the next symptom mentioned. If you have chosen aright, it will harmonise therewith: if not it will suggest another, and the symptom next following will decide between these, or supply a third candidate for your acceptance. So, step by step, you will proceed; and when the whole case is before you, you will have obtained as the result of your elimination one, two, or three medicines, which seem well to cover the case. These you will then prescribe, in succession or alternation, as you may determine; and, if you have proceeded carefully, you will find them the fundamental remedies for the disorder. They may be with advantage suspended for a time, or even replaced by others; but you will be driven again and again to them, and ultimately it will be with them—if ever—that you gain the day.

In thus choosing, do not neglect to supplement your memory by reference to the Materia Medica, and to its indices—the repertories. Do not, indeed, be ashamed of doing so in the presence of your patients, if need so requires: they will not complain of you for taking too much pains. But especially when the day's

work is cover: when a new case has come before you, or an old one hangs fire,—review its symptoms. Look them up one by one in your repertory; follow the drugs indicated to the Materia Medica, and weigh well what you find. Do not be hasty, or too fondly credulous: examine into the source of symptoms ere you trust them: but if you can safely do so, essay the medicines to which they point. You will thus frequently gain unexpected successes, and will be ever enriching your armamentarium. In acute and typical diseases, the fewer your remedies the better: but beyond this range, you can hardly have too many. It is here, that the mere *specificker*, the mere organopathist fails; while the full method of Hahnemann wins victories which are a continual source of delight.

IV. And now a few words about the choice of dose. I have spoken with sufficient fulness of the general facts and principles of homœopathic posology. Short of actual experience, you are in a position to judge for yourselves what you will do in the matter. I do not wish unduly to bias you on so moot a question. It would, however, be carrying reserve too far—it would be neglecting your obvious interests, if I failed to give you some practical advice—from an experience of over twenty years—as to the doses you should commonly employ.

And here, as in the choice of the remedy, I would distinguish two categories into which your cases will fall. We have seen that the object of attenuation is two-fold—to avoid aggravation and collateral disturbances, and to develope the peculiar properties of drugs. Now in the acute, typical disorders—the fevers, inflammations, catarrhs, neuralgias, spasms—which constitute the bulk of daily practice, the first-named object need alone be sought. The medicines with which you combat them are such as are already active in their crude state: your only care need be to protect your patients from their over-activity, to see that their physiological be wholly absorbed in their therapeutical action. For this purpose but moderate attenuation suffices. If you carry in your pocket-case the first decimal of *aconite*, *baptisia*, *bella-*

donna, *bryonia*, *gelsemium*, *ipecacuan*, *iris*, *nux vomica*, *rhus*, and *spongia*; the first centesimal of *apis* and *tartar emetic*; the second of *arsenicum*; the third of *mercurius corrosivus*, *phosphorus*, and *veratrum album*; if you reinforce these with a few medicines of like strength to meet special contingencies—as *hamamelis* for hæmorrhage, and *camphor* for shock and collapse,—you will have a quiverful of shafts which will rarely need augmenting. By further dilution, if need be, at your patient's house you can exactly proportion the dose to age, sex, and susceptibility; and you will rarely do anything but pure good.

It is otherwise when you have to deal with chronic disorder in its almost infinite variety. Your range of medicines here is a wide one, and so also must be that of your dose. Of the drugs among which you will have to choose many are such as only develope active properties after a certain degree of attenuation: such are *sulphur*, *calcarea*, *silica*, *lycopodium*, *natrum muriaticum*, *sepia*. Certain actions, moreover, of the more potent, and even of the feebler drugs, belong to them peculiarly in infinitesimal form. I may cite *arsenic*, *phosphorus*, and *nux vomica* in the former category, *chamomilla* and *coffea* in the latter. In my *Pharmacodynamics*, when speaking of the dosage of each drug, I have noted these points; and they may well lead you, as they have led me, to associate certain potencies with certain medicines, making the two almost as inseparable as the words and tune of a song. *Sulphur* 30 is a definite remedy to me, dose and all. I know what I can do with it as I know the powers of *aconite* 1x. So I can say of *lycopodium* 12 and *silica* 6, and of many other drugs. I require here, therefore, a wide range of dosage as regards my remedies; and still more as regards my patients. Their variations in susceptibility are great; they require change of potency from time to time as well as of medicines; the protean transformations of their maladies have to be followed up with corresponding shiftings of means. I do not know that you need go higher than Hahnemann's 30ths; but, as you have thus already got beyond the estimated divisibility of matter, you will hardly be

taking a fresh step if you dip occasionally into Dunham's 200ths.

In such affections, then, while not neglecting the lowest preparations, I advise you to rely largely upon the medium and higher—to use attenuation for developing the finer actions of drugs which you desire to bring into play. In prescribing for other than acute disorders, you should always—if possible—do so from a homœopathic chemist. There are plenty such in this country—intelligent, well-informed men: they have an excellent Pharmacopœia for their guidance: you may rely upon them, and should support them. The best way of prescribing is to order a drachm or two of the tincture or trituration, directing the proper number (three is a good average one) of drops or grains to be taken at a dose. The tinctures can be thus measured by being dropped into water from the phial; for the triturations small scoops are provided, holding about three grains by weight, which will best be taken dry on the tongue. Sometimes, when quantity is no consideration, and when the convenience of busy men or the tastes of children are to be consulted, you may give the medicines in the form of pilules, or even of globules; but I confess that I am not fond of these preparations, and do not advise their preferential choice.

V. A practitioner's medicines form his chief apparatus for practice; but next come his books. What works, you may fairly ask me, should you add to your library, and what use should make of them, to enable you to super-add a literary knowledge of homœopathy to that of medicine in general?

Well: first of all you should be well grounded in the principles of our system. You should study Hahnemann's *Organon*,—in which task I venture to think that you will be helped by reading the lecture on "Hahnemann as a Medical Philosopher," in which I have endeavoured to expound the great work of the master; and you should follow it up by a thoughtful perusal of the posthumous volume of essays by the late Carroll Dunham, entitled *Homœopathy the Science of Therapeutics.* For an independent

study and presentation of the subject, I may commend to you the *Essays on Medicine* of the venerable Dr. Sharp. If you will also read at your leisure the *Lesser Writings* of Hahnemann which Dr. Dudgeon has collected and translated for us, you will have attained a thorough and scholarly knowledge of the basis of the new method you intend to practise.

Next, you must possess, in some form or other, the Materia Medica of Homœopathy—the collection of the pathogenetic effects of drugs with which it works the rule, "let likes be treated by likes." If your means allow, the best way in which you can do this is the purchase of the ten volumes of Allen's *Encyclopædia*. You will have there every symptom which the most untiring industry could collect as resulting from the action of medicines on the healthy, though with the wheat you must take a multitude of tares growing side by side with it till the time of harvest. If a work of such cost is beyond your reach, do not take any form of Jahr's *Manual* instead, still less the *Condensed Materia Medica* of Hering. These compilations are quite untrustworthy: they give you pathogenetic symptoms without enabling you to judge of the nature of their source, and the latter blends with them "clinical" symptoms—*i.e.*, such as have disappeared while the drug was being taken—without note of distinction. I have reason to hope that ere long a revised Materia Medica, sound in material intelligible in presentation, and within the reach of all, will be given to the homœopathic world. Until this is done, I would advise you to content yourself with such expositions of the Materia Medica as have been delivered by lecturers on the subject, and have found their way into print. Among these I may name Hempel's, Dunham's, and my own; and I hope that ere long I shall be able to add those which Dr. Pope has been delivering in this school, several of which I have heard with great satisfaction. If possible, however, procure also Hahnemann's own *Materia Medica Pura*, which we now have in excellent rendering and shape. Its preface and notes alone make it worth possessing; and though you may not learn much *à priori* from reading its lists of

detached symptoms, yet, when a repertory refers you to them, you will have them in their original and only available form.

Of repertories themselves I have already spoken to you: it only remains that I indicate the best treatises on the homœopathic practice of physic. By some these are discountenanced altogether, on the ground of the pure individualisation which is conceived as governing our therapeutics. To this I need not tell you that I cannot assent: I hold it on the other hand a great gain that the accredited homœopathic treatment of the definite types of disease should be set down for the guidance of the beginner. I have worked myself in this field also; but far more elaborate treatises have been given us by Drs. Bähr and Kafka in Germany, and Dr. Jousset in France. The *Science of Therapeutics* of the first, and the *Clinical Lectures* of the last, are available for us in an English dress; and we shall all welcome Dr. Dyce Brown's addition to our store, when he gives to the world the teachings on the subject which have so long been valued here. Read such books through; consult their appropriate sections when you have to treat each form of disease; and you will gain strength and light incalculable for your daily work.

In addition to these, take in as many homœopathic journals as you can afford, from England, from America, and from other countries with whose language you may be acquainted. Take them in, *and read them*—a consequence which does not always follow. Give those who edit and supply them the support of feeling that their work is appreciated; and reap the utmost benefit of it for yourselves. Dwell in no isolation; indulge in no self-sufficiency. You can only live in the life of the body to which you belong: in its growth alone can you grow. You are cut off at present from the wider fellowship of the profession at large; but you can cultivate the corporate virtues in your narrower circle. The great hindrance to the spread of homœopathy in the old world has been the lack of *esprit de corps* among homœopathists: had it not, indeed, possessed the vitality which truth alone can give, it had perished long ago in the midst of our dissensions and division.

I trust that you will not contribute to these, but will rather bring strength to the heart of the body—its centre of life and unity. You will do this as you think more of the essentials of the method than of its accidents; as you cultivate it for the good of your patients rather than for the filling of your own pockets; as you count all difference of opinion as to means a small thing in comparison with our common end—the promotion of the good cause we have at heart. Practise homœopathy in this spirit; and you will do your part, small or great as it may be, for the reform in medicine which one day will be seen to mark with white the nineteenth century of our era."

As a further corroboration of our views expressed in the leader, we beg to insert the following letter of Dr. Bays to the Editor of the *Monthly Homœopathic Review*:—

"WICKED HOMŒOPATHIC ENGINEERING."

To the Editors of the "Monthly Homœopathic Review."

GENTLEMEN,—Permit me to reply to a note on page 438, of your issue of July, 1882, from the pen of Dr. F. Black.

Dr. Black is quite right in the fact that, in a pamphlet of mine called *Two Sides to a Question*, published in the year 1860, I wrote, "Observe, I object to the title of homœopath. Its assumption savours of sectarianism. I object to any other title than that of physician, or at most, of physician practising homœopathy."

I need scarcely remind Dr. F. Black, that in 1860 I had been a homœopath for a little over *three years*, and had scarcely fairly come out of the Egyptian darkness of the old school. *Twenty-two years'* further experience have made me cling more firmly to the revered teaching of Hahnemann, and I now glory in the name of homœopath, as it is our right and a duty to do.

Like all young converts, I was then but half a homœopath, now that I have added *twenty-two years' further experience* in the course of my practice of the blessings of homœopathy, which are indeed inestimable, I should esteem myself beneath contempt did I not uphold my testimony to the grand beneficence of the homœopathic law, and did I not glory in proclaiming what I believe to be the greatest discovery in medical therapeutics. I would that all who have benefited by homœopathy would equally acknowledge this great law of drug healing, instead of openly despising the name and thus lowering the flag.

Yours very truly,
WILLIAM BAYES, M. D.

Brighton, 17th July, 1882.

Cases from Practice.

UNDER P. C. MAJUMDAR, L. M. S.

1. Babu Ambica Churn Chakravati, æt 28 years, of a spare built, sanguine temperament, easily vexed and angered, suffering now and then from malarious fever and from dyspeptic derangement, had an attack of hiccough on the 25th May 1881. The patient was much prostrated. Old school treatment having failed, I was called on, and found the patient in a very distressed circumstance—constant spasmodic fits which scarcely left him a minute to breathe. The hiccough assumed a threatening character, relieved by taking food and also by drinking cold water and ice; much aggravated by thinking about the disease and on empty stomach. This last circumstance obliged him to take a large quantity of milk and water into his stomach which was much overloaded, only vomiting at certain intervals gave him temporary relief; but in a short time the hiccough returned with redoubled vigor. In this way he was tormented for three days consecutively. On my visit about 1 P. M., he was lying prostrate in the bed, with double paroxysms of hiccough, much restlessness and despondency. I prescribed him Nux Vom. 3 every two hours. This did him no good, after three doses had been exhausted. Diet-milk and water sweetened with little sugar. The pulse frequent and soft, slight perspiration on least movement, thirst for large quantity of water; there was no remission of hiccough; it was same all along only a little increased in the afternoon. Bell. 03 every hour. The pulse less quick, restlessness and hiccough a slight ameliorated; the patient passed a somewhat easy night. But from the morning he was as bad as ever. The same prescription was continued to no effect. On looking into the Repertory we only found amelioration after

drinking—Pulsatilla, so we gave it in the 6th dil. every two hours. This failed also; the friends of the patient having despaired, came to me for advice. I gave three powders of Staphysagria o3. every hour. Though symptoms did not exactly correspond, still it acted nicely. In Jahr's New Manual, Vol. II., we find hiccough after every meal. Hiccough half hour after suffer. All these were not in my patient. But one symptom, which was very conspicuous, was marked italicized in Jahrs, *viz.*, Extreme canine hunger, even when the stomach was full of food.

2. Babu Nil Comul Ghosal, æt 40 years, had been subject to hiccough off and on; but his last attack came on about 3rd September 1880. This gentleman had a very poor health, almost a skeleton. Hiccough from morning till sunset, but not in the night, there was a slight amelioration of his suffering in the midday, *i. e.*, after taking his food at about 11 A. M. He was under the treatment of a regular practitioner. There was no other symptoms observable in this case. No fever. Appetite fair but no taste for food. Bowels rather constipated; Nux Vom. 30 twice daily was ordered, and after taking four doses of medicine he was so much relieved that cure was almost certain. No change of prescription; he was all right in three days more.

3. A gentleman, æt 70 years, suffered from hiccough for a week. All sorts of treatment were resorted to without any effect. He was extremely prostrated. His friends were despaired of his life and one of them came to me about 8 P.M., on the 2nd February 1882. The patient lived in the subarb of Calcutta, so we postponed our visit next day. In the meantime I gave him two powders of Nux Vom. 30 for the night. I went to the next day and found him all right. The old gentleman thanked me for his recovery and begged me to leave some more medicines in case he gets the attack

again. I kept some more powders Nux Vom. 30, with a direction not to take without an actual attack. A week after I was told that he had no more hiccough.

I had several cases of this complaint within the period of last three years, which gave me great deal of satisfaction. But some cases are very troublesome and obstinate. A rich gentleman, æt. about 60 years, had, of late, about three months ago, an attack of singultus. This was brought on by some drastic medicines which he took with a view of getting relief from rheumatic pains in his limbs. He had the hiccough from morning which reached its climex at about noon and then gradually decreased. He had cough with tenacious frothy sputa. I at once gave him Nux Vom. 3. There was much relief, cough less, no sputa, but there was slight hiccough in the evening. Continued medicine. There was no more amelioration. Cicuta vir. 30 three doses in the foür and twenty hours without effect. This medicine was given, because the hiccough was high sounding now. Failing with this I resorted to Bell. 3 without any effect. I returned again to Nux in the higher dilution. This brought on more relief, but the disease did not leave him entirely. Next day, only one dose of Sulphur 30; the same. He had also relief after food and drink. Their patience was tired and they made over the patient to a native Kabiraj. I was told, though not in good authority, that the physician gave him no medicine but goat's milk. Within three days under this treatment he got rid of his hiccough. In another case I totally failed to eradicate the disease though much improvement. One defect, in the Homœopathic treatment of singultus, is the want of proper indication found in our books. In all our repertories there is a condition of aggravation after eating and drinking. The disease cames on after food and water, but the opposite condition, *viz.*, the

amelioration after food and water, is wanting. I have searched in Allen's Symptoms Register, Jahr's Repertory, Hering's Condensed Materia Medica, Rau's Pathology and Therapeutics, Jahr's New Manual and Bryant's Manual. I shall be obliged to any of my colleagues by their pointing out to me the medicines indicated in such conditions. I know this condition is more prevalent in India than among our English and American patients.

CURE OF DIABETES BY THUJA OCCIDENTALIS.

UNDER B. L. BHADURI, L.M.S.

IT was in 1878 that a patient suffering from diabetes came to my hand. He said that it was the eighth year of his disease, but considering the long time that he had suffered he did not appear to me externally to be any the worse for the disease. In appearance he was the picture of a perfectly healthy man, but he assured me that in his case at least appearances are not to be trusted and that in reality he was as weak as one possibly could be. Of course it must be told that the patient was in good circumstancees and in domestic matters he had never any cause for anxiety. He said that hitherto he had mainly depended upon our native system of treatment, but without any material benefit. He might have derived some relief at times but further than that he never remember to have obtained any more good. About four years before a *Sunniasi* gave him some preparation of Arsenic which did him an immense good, but there was again a relapse which the patient attributed to his own inability to conform to the regimen that was prescribed. The disease appeared to me more of nervous origin than anything else. He handed over to me the result of an analysis of his urine by a competent chemist, and I there found that it had the specific gr. of 1028 and quantity of sugar 13.4 grs. I gave him Acid Phosphoric 12, but there was no improvement at all. This medicine was tried for about a fortnight or more in

varying dilutions. During the next month and half a few others were given, such as, Uranium Nitrat, Arsenic, &c., also in different dilutions, but the patient said he was neither worse nor better for the treatment. I had his urine again analysed, but it was almost the same as before.

I now began to search for additional symptoms of his disease and learned for the first time that there was a gleety discharge which made its appearance off and on. The patient said that after micturation he thought some was yet left behind and immediately after either when sitting and walking a few drops of urine were voided involuntarily; at times he felt also burning both during and after micturation. I thought that the removal of these symptoms might lead to the cure of the diabetes under its proper medicines which had hitherto failed to do any good. So I gave him Thuja 12. one dose morning and one in the evening. He took the medicine for two days, and after two days' respite came to me on the 5th day. He entered my room with a smiling countenance, and told me at once, "Well Doctor, I think you have hit at the proper medicine at last." After using two powders he fell a decided improvement, and since then he has continued to improve every day. I advised him to have his urine once more analysed, but he said it was not necessary. His urine had become quite normal in quantity, and he knew there was no more sugar in it. A certain feeling of comfort now pervadad his system which he was a stranger to during the last few years. I, however, insisted upon an examination and it was done. There was not even a trace of sugar in it. After continuing the medicine for a few days more it was discontinued.

The cure of th[illegible] of Diabetes by Thuja Occidentalis is perfectly new in the literature of Homœopathy. In the proving there is indeed "copious and frequent urination," but that it can give rise to Diabetes Mellitus has never been suggested by any one. Our main object in prescribing this medicine was simply to clear the road by removing the gleety discharge. But to our surprise the administration was followed by a cure of the whole disease.

Hahnemann attributed many chronic diseases to the suppression of Sycotic growths, and it may be that this diabetes was due to some such suppression, although we forgot to make an enquiry whether the patient had any Sycotic growth before. His gonorrhœa, however, was treated by injections by the allopaths. Might not the suppression of this gleety discharge the real efficient cause of diabetes in our patient? At any rate we would urge our colleagues to keep in mind this fact and try to ascertain the part which Thuja has in the cure of Diabetes.

NOTES.

—Dr. McLeod of Calcutta, the Editor of the Indian Medical Gazette, wrote an article in which he mentioned something against homœopathy. In this article he showed his utter ignorance of our system. As an Editor and a critic, he ought to know and learn every particulars before setting his pen and paper on it. It is a pity that he is so much in the back ground.

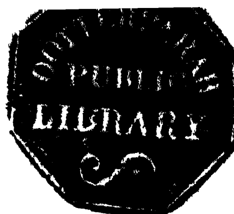
Malarious fevers are devastating the Krishnaghur district. Some of our friends fled from the place and took shelter in the metropolis. They are urging us to supply them with a qualified homœopathic practitioner for that place. It is a good field for energetic young men.

Some say that homœopathic medicines are sweet to the taste, others that they are cheap. We do not attach any value to these recommendations. Our great pride is that they are quick and certain in their action; safe and sure in their result. A baby as well as a pregnant female can take them with impunity.

Communications have been received from Baboo Probhat Chunder Sen, Bogra, and Jagendra Nauth Gossain of Allahabad.

With our best thanks we acknowledge the receipt of the following:—

British Journal of Homœopathy (H. T[illegible] & Co, London) Homœopathic World (Hom. Publishing Co., London) Monthly Hom: Review (E. Gould & Son, London) Calcutta Journal of Medicines. Amirta Bazar Patrica, Indian Christian Herald, Arya Darsan, Bharati, Shabas, Hindu Darsan, Arya Darpun, The New England Medical Gazette, Vol. XVII, No. 10, October, 1882—A monthly Journal of Homœopathic Medicines, Otis Clapp & Son, 3, Beacon Street, Boston.



THE

INDIAN HOMŒOPATHIC REVIEW.

Vol. I.] NOVEMBER, 1882. [No. 11.

VI.—LOGIC OF HOMŒOPATHY.

Even if it be admitted as a matter of verbal propriety that some diseases are the opposites of others, the difficulty remains as far from a solution as ever. We have to know not only the opposite of a disease, but the opposite of every form and kind of it. In the next place it must be remembered that it is not impossible for two opposite diseases to exist at the same time in the same person. They are admitted to be opposites of each other only for the sake of verbal convenience. It is not implied in their definition that they must neutralize each other. Whether they do neutralize each other or not is a question that can only be settled by experience. We find by experience that it is not only possible but rather a common phenomenon that where a person has been suffering from a particular disease and is treated with a drug which produces in the healthy an opposite disease, the result is not an extinction of the old disease but either an addition to it of the opposite disease or a modified form of the old disease. Where a person suffering from diarrhœa is treated with a medicine which produces constipation in the healthy, the result may be that instead of the diarrhœa being cured, the case is aggravated by the superaddition of the evils of constipation to the evils of diarrhœa. Instead of profuse watery

patient probably passes scanty watery stools with violent tenesmus and gets his stomach and abdomen distended. A patient suffering from sleeplessness is treated with a medicine which induces heavy sleep in the healthy, and the result is that there comes a sleep which is not sound but stertorous and stupor-like. In the next place, let us admit for argument's sake that the opposite disease artificially induced is exactly sufficient to extinguish the existing disease. Even then experience tells us that the cure is delusive and is neither gentle nor permanent One who gets rid of fever by the agency of Salicylic Acid feels that all his strength is gone and he has to begin life again. A person suffering from the malarious fever of Lower Bengal may sometimes make short work of it by taking a few doses of Quinine in pretty large quantities, but he will have serious and well-grounded apprehensions of meeting his unwelcome guest again at the next new moon. These are matters of experience, and the difficulty is not to be solved *a priori* Experience teaches us that there are in the department of medicine as in the department of Physics the phenomena of Action and Reaction. If the old school physicians could only see that the primary action of a drug is not its whole action and that in proportion to the quantity of the drug administered is the amount of the reaction they would find their way clear to a science of Therapeutics. The last observation we have to make with regard to opposite diseases is that, after all, there are so few diseases which may with any show of propriety be called the opposites of other diseases. The number is so small that it is absolutely insufficient to furnish a law which could be of any practical value. Of at least ninety per cent of diseases no opposites exist.

We do not mean to throw any ridicule on old school physicians. Among them have been men of great scientific talents and vast erudition, men of commanding genius, entitled to our respect and the respect of many succeeding generations who equally with us will benefit by their researches and reap the fruits of their industry. Harvey and Sydenham and Jenner will be remembered long after we, "like streaks of morning cloud, shall have melted into the infinite azure of the past." We have no right to upbraid the great men of old for not having known as much as we do know now. We should have known nothing but for them. But what we are anxious to point out is that there has been progress in medicine as in other departments of inquiry and the history of medicine illustrates the same laws as the history of other branches of study. We are also anxious to prove that Homœopathy is no captious innovation but is really—to change the metaphor—a step in advance, and a prodigious step it is. One of the laws of human progress—thoroughly well ascertained and established—is the law of the three stages. Each nation and each individual passes from the Theological through the Metaphysical stage of thought to the Positive stage which is the last. In the Theological stage which is the earliest, we ascribe all phenomena to the direct intervention of the Deity. In the next stage which is the Metaphysical we speculate about the properties of matter and the attributes of the mind and start *a priori* explanations of phenomena. In the last or Positive stage which marks the commencement of the scientific era we cease to speculate about occult agencies and bring ourselves to examine phenomena, and we deduce our laws from them after careful observation and reasoning. Abandonment of *a priori* beliefs is the necessary preparation

for this stage. It will be our endeavour to show that Homœopathy marks the commencement and is the first grand product of the Positive stage of thought in medicine. The Theological stage had gone by long ago; but the dominant school of Medicine in Europe, namely, the Allopathic, has not yet passed out of the Metaphysical Stage. We shall have occasiou to revert to this topic hereafter; we now pass on to a consideration of questions more intimately connected with our present argument, namely, that no claim has been advanced from any quarter for therapeutics as a science except from the Homœopathic camp.

The most systematic account of the principles of the Allopathic system of medicine is to be found in the chapter, entitled Logic of Medicine, which is Chapter IX of Part Second of Professor Bain's Treatise on Logic. Professor Bain's main propositions are these:—The scope of the practical science of medicine is given by the Definition of the correlative couple—health and disease. Disease being a state of the human system, the science of medicine rests immediately on the part of Biology, called Humrn Anatomy and Physiology. The analysis of the organism for Physiological purposes is likely to prove a basis of Pathological analysis of diseased actions. A further analysis must be made of morbid products, or substances generated in disease and unknown in the same localities during health. The numerous diseases affecting the various organs of the body as well as those attacking the whole consist in the repetition of a small number of diseased processes, such as, inflamation, congestion, hæmorrhage, degeneration, tumours, &c. The generalizing of diseases through the recurrence of a limited number of diseased processes suggests the generalizing of remedial agencies. Of disease on the whole,

there is no definition that is of any value; defining begins with the special appearances of disease. The first class of Real Predications of Medicine comprises inferences or propria from the essential characters of a disease. The second class of real predications consists of the causes of disease. There may be a distinct class of real predications expressing the effects of disease. The remedies of disease constitute real propositions. All the Experimental Methods are applicable to medicine with certain cautions and qualifications. The scope of the Deductive Method in Medicine is co-extensive with the number of well-established generalities that can be appealed to. Diseases may come under a regular classification.

This is Professor Bain's account and before we enter upon an examination of it, we ought to observe that it is a description not only of what the Allopathic system is but also of what it ought to be. We shall presently show that some of Professor Bain's suggestions are never carried out by any allopathic physician either in theory or practice. The first thing noticeable in Professor Bain's account is its total omission to state or hint at any law or laws of cure. When such a law or the possibility of such a law being discovered is never adverted to in such a methodical account proceeding from the pen of such a competent and friendly critic, we may fairly take it that the law, that is to say, the existence of any law of cure, has never come within the range of inquiry by old school physicians. Some of Professor Bain's propositions are so thoroughly sound and are yet so completely ignored by the old school physicians that we feel it necessary to distinctly refer to them. The first is about the generalization of remedial agencies. "Very great advantage," he says, "accrues from studying

each remedial agent, not apart from all particulars but in connexion with all particulars." He thinks it necessary that a generalized view should be taken of such a process as stimulation and the process known by the various names metastasis, counter-irritation, derivation, revulsion. If this inquiry were carried sufficiently far, we have hopes that men would almost stumble upon several of the truths of Homœopathy. A thorough investigation of the process of stimulation would lead to the discovery of the phenomenon of reaction; and similar investigations with regard to the other remedial agencies employed by the allopaths would result in proving their inability to effect rapid, gentle and permanent cures. But the generalization of medicines is a necessary process, and in support of this view we need only refer to Dr. Hughes's paper on "Generalisation and Individualisation." Professor Bain's view of the causes of disease is thoroughly sound: "Although the removal of the *cause* of a disease with the occasional plying of the opposite, must always be a large part of Therapeutics, it does not make the whole. When the poison of typhus has once entered the blood, the removal of the cause is irrelevant; the effects are already produced and must be counteracted by new agencies." Dr. Glover who has written the article on Homœopathy in the Encyclopœdia Britannica (ninth edition) would do well to read the above and not disdain to learn something about causes from a logician like Bain. The next point to which we must draw attention in Professor Bain's definition of disease. "Defining begins with the special appearances of disease." If for *appearances* we substitute the word *symptoms* we are at once upon the threshold of homœopathy. Of great importance are Professor Bain's observations on the methods applicable to medicine.

" The ultimate problem of medicine is to find a remedy for every remediable disease; and the apparently direct solution is to try various remedies upon actual cases. If by agreement under a wide variation of circumstances a certain remedy is found to succeed uniformly, or in a great proportion of instances, there is proof that it is the remedy. Still we cannot but remark the very serious difficulties that beset all the Experimental Methods in this attempt. Plurality of Causes and Intermixture of effects occur in the most aggravated shape." He then advises the use of drugs in conditions of health and rejoices to find that such use has been made in modern times and the properties of drugs accurately ascertained. He thus concludes: " I may cite, among this class of Researches, the Report of Dr. Bennet on the Action of Mercury on the Biliary Secretion, and Dr. Harley's work on the old Neutotics." One is not a little surprised to find that such a profound scientific scholar as Professor Bain should never have heard of Samuel Hahnemann or his reforms in Medicine. Experiments on the healthy as opposed to *usus in morbis* are undoubtedly and on Professor Bain's own showing an instance of reform; and Hahnemann's name is associated with it as certainly and closely as is Francis Bacon's with the logic taught in the NOVUM ORGANUM. It is still more surprising that while Professor Bain should be familiar with such works as those of Dr. Parkes on Urine and Dr. Harley on the old Neurotics, he should never have heard of the *Organon of the Healing Art*. If these lines should ever meet Professor Bain's eyes, we would ask him to cast a glance at Hahnemann's *Organon* and *The Lesser Writings* before revising or rewriting his chapter on the Logic of Medicine. So far we have endeavoured to show that the issue we have got

to decide is not whether the homœopathic law is a sounder or a more accurate generalization than the Allopathic law, but as there is no such thing as an Allopathic law of cure or an Allopathic law for the selection of remedial agents, our task is not one of comparison. We have to examine the evidence upon which the Homœopathic law rests and there our work ends. Before we begin this examination it is necessary to see if the exceptions to the Homœopathic law that we have been able to ascertain are themselves governed by a law. If such was the case we should have to take that law as supplementary to the Homœopathic law. But upon what principle are exceptions to be determined? How are we to distinguish real exceptions from apparent ones? We know there is a great deal of confusion of ideas on this subject and we feel it necessary to fix a principle for the determining of exceptions to the Homœopathic law. It has been said that the cure of malarious fever by quinine is an exception to the Homœopathic Law. In order to test this proposition we have to ascertain, first of all, if the cure of malarious fever by quinine is a fact and, if so, if the cure is rapid, gentle and permanent. In the next place we have to determine if the fact is an exception to the Homœopathic Law. Now the only true principle upon which we can pronounce a case to be a real exception is this: If a drug administered to the healthy produces symptoms of disease which or symptoms similar to which, it is found by experience, are incapable of being removed by infinitesimal doses of the same drug prepared according to the Homœopathic pharmacopœia, the case is a true exception to the Homœopathic law. Very different is the manner—we can hardly call it a principle—in which men ordinarily determine exceptions. The common procedure

in this: A person suffering from some disease is treated with medicines selected with some care from some standard works on homœopathic therapeutics, and when these fail and the patient is cured by a drug which allopaths use, the case is put down as an exception to the homœopathic law. Such a procedure is, to say the least of it, utterly fallacious. It may be that the homœopathic medicines administered are really not homœopathic; that is, they do not produce in the healthy the symptoms for which they were prescribed in the particular case. It may also be that the medicine which does cure in the end is really homœopathic though ordinarily used by allopaths. A homœopathic medicine does not mean a medicine prescribed by men calling themselves homœopathic physicians; nor does it mean a medicine whose name appears in text-books of homœopathy. It means a medicine which bears a homœopathic relation to the disease in question. Judged by this standard, the cure of ague by quinine is not an exception to the Homœopathic Law. Quinine is homœopathic and not antipathic to pure ague, and Hahnemann himself recommends its use in cases of recent, uncomplicated ague. In the second place, it is not true that Quinine in massive doses does cure in a gentle and permanent manner malarious fever of the type we are familiar with in Bengal. Quinine is of use in uncomplicated intermittents, but in ninety-nine out of a hundred cases of malarious fever in Bengal we have got to treat either complicated intermittents or complicated remittents,—cases where the disease is not the paroxysm but a great deal more. In these cases it may do immediate good but is sure to result in ultimate mischief of a grave and probably irreparable nature. In these cases the cure of ague by Quinine is no more an exception to the homœopathic law than the cure of rheumatism by

injection of Morphia, or the cure of constipation by castor oil, or the cure of Diarrhœa by Chlorodyne, or the cure of acidity by alkaline draughts. It is not in this haphazard way that exceptions are discovered. The true scientific way is as we have pointed out. If medicines, whose mode of action is antipathic, do effect cures, that fact alone is not sufficient to put those medicines in the category of exceptions. If good is done by palliatives, that fact alone is no exception. Homœopathy does not discard palliatives, but *mere* palliatives. Palliatives which are also curative agents are never discarded. All curative agents are palliative but they are not merely palliative. It is only those makeshifts which do only temporary good and are followed by an aggravation of evil that homœopathy repudiates. If the agent which brings about a cure is such that its *mode of action* is contrary to the disease, it is no case of exception. Homœopathy does not pledge itself to any particular mode of action; the Law of Similars has reference to the selection of remedies. Drugs which produce similar symptoms in the healthy must be selected whatever may be their mode of operation. The cures that are the result of a right selection are amenable to observation; the mode of operation of drugs is for the most part recondite. Science may lay it bare some day, but for the present homœopathy had better not be committed to hypotheses.

The question of palliatives leads us to a consideration of the vexed question, Has a homœopath the same duties as a physician, or has he by accepting homœopathy abandoned or forfeited the rights and duties of a physician? The question is somewhat absurd, but it has been raised. It sounds very much like the question, Has an Astronomer the same duties as a Mathematician, or, Has a Malthusian

the same duties as a Political Economist, or, has an Experientialist the same duties as a Philosopher? It is impossible to see what inconsistency there can be in the duties of the two classes of men between whom this antagonism is set up. The homœopath is a physician, every inch a physician, but having a special name only because his therapeutics is special. The solutions ordinarily given of this difficulty strike us as being more poetical than scientific. We repudiate altogether the idea that the duties of a homœopath are in one single respect different from the duties of a physician though they are certainly different from the duties of an allopathic physician. What else is a homœopath but a physician? He is not a tailor or a carpenter but a physician. One might as well ask, what is the difference between the duties of a Barrister and those of a lawyer? The Homœopath must save his patient's life, give him relief from suffering, treat him with care and attention and do every thing else that is proper. The word homœopath simply indicates that a particular physician believes in and acts upon the *similia* law. In so far as he does this he certainly differs from other classes of physicians, but there is no diagnosis, no prognosis, no post mortem examination, no surgery, no code of morality special to homœopathy. The only difficulty is, is a homœopath to administer or apply palliatives? This question we have answered already. We may make the matter still more clear by a few additional observations. There is as yet no science of Medicine, but we homœopaths believe that there is a science of Therapeutics and that is homœopathy. Now the physician's duties are practical and not theoretical. He has to act and not speculate. The whole range of his action is not confined to drug-giving. But in so far as drug-giving is concerned, the homœopath's duties are regulated by science;

his other duties are matter of art. The allopathic physician's duties all fall within the region of art, the homoeopathic physician's duties are partly scientific, and partly within the domain of art. The homœopath has never taken an oath that he will do nothing but prescribe. Prescribe for what? Who is to tell him the disease? His first business is to diagnose. He does this business not by the homœopathic law but by other means. When he has to analyse morbid products, perform surgical operations, resort to chemical agencies as in cases of poisoning for instance, or give relief by mechanical means, as in cases of wounds for instance, the homœopathic law neither helps him nor hinders him. It is only when medicine has to be prescribed that the homœopath differs from the allopath. The homœopath is guided by his law, the allopath acts according to unfettered discretion. So far as mere art has to be practised, homœopath and allopath stand upon the same ground. In the selection of medicine, the allopath acts according to no law, the homœopath according to the *similia* law. Within these limits, therefore, and here alone the homœopath differs from the allopath, or rather, from the non-homœopath. To suppose that the physician—an abstract being—has some duties distinct alike from the duties of the homœopath, and those of the non-homœopath is to commit the error of realism. Dr. Hughes has taken the trouble to collect all the exceptions to the homœopathic law and they are only eight in number. We shall take it for granted upon his authority that appropriate homœopathic remedies have not been discovered for the diseases he mentions, but it is easy to see that these exceptions can furnish no supplementary law, and that a homœopath will not abandon his therapeutical creed if in these eight specified cases he acts not according to law but, like the allo-

paths, according to discretion regulated only by experience acquired from the use of drugs *in morbis*.

Cases from Practice.

UNDER P. C. MAJUMDAR, L.M.S.

1. Khoki, æt. a year and a half, had an attack of fever on the 10th of October last, with a slight catarrh of bronchial mucous membrane. The fever was gradually assuming a remittent character, with symptoms of nervous prostration, the patient was attended by a *Kabiraj* without the slightest improvement. I was consulted on the 18th instant. The following symptoms and condition presented themselves to me. Fever generally exacerbated in the noon till about ten or eleven P. M., and remitted in the last part of the night; very severe cough increased during the fever time. The cough was moist; temperature. in the afternoon when I visited her, was 103 F. Pulse 120 in the minute. The skin was hot and dry, restlessness, somnolency, tongue dry and red; bowels regular. I prescribed Gelsemium3 × every three hours. Three doses of the medicine had been taken in the night, and the mother reported me in the morning, at the 19th instant, that child was worse in the latter part of the night when she ought to have been better. I had no stethoscope with me the first day, so I could not thoroughly examine the chest. To-day I intended to do so. Inquiry was made and was told that the child was unable to breathe in the night, and was on the point of being suffocated, restlessness increased, abdomen tympanitic, this last symptom aggravated the dyspnoea, there was no stool nor urine for more than twelve hours. On applying the stethoscope I found the whole of the left lung was implicated. I

diagnosed the case to be broncho-pneumonia. There was distinct crepitation in the upper part of the chest, and in the rest, mucous räles audible. It is very difficult to say whether this crepitation was due to bronchial implication or true pneumonic. In cases of children capillary bronchitis very closely resemble pneumonic inflammation, so it was formerly called by the ancient writers and pathologists, the *pneumonia notha* or peri-pneumonitis. However by closer examination and physical symptoms we can at once recognise the real nature of this disease, and so we did here. On the 19th afternoon I prescribed Phosphorus 2 × every three hours. Drs. Baehr and Kafka are of opinion that in cases of broncho-pneumonia or true catarrhal pneumonia, Phosphorus is the best remedy. Baehr, moreover, asserts that if typhoid symptoms are developed, it is more closely applicable. We quite agree with above-named acute observers. By persevering application of our medicine for twelve hours, our little patient was much improved. Dysponæ and fever much abated, pulse less accelerated and improved in tone, there was one hard stool, urine copious and of almost natural color. The child was rather lively, and looked around; we gave her a little sago-water. The next day, though fever came, it was much less than in previous day. The temperature was 100F. in the height of fever time, there was no difficulty of breathing, abdomen soft, there was one healthy stool this day, chest was much clearer. No fine crepitation could be detected, only here and there transient redux crepitant räles and mucous bronchus heard. I did not change the medicine, but ordered it to be continued every six hours. The next day there was no fever nor any other bad symptoms except some loose cough, for which I prescribed Antim. Tart 6 × thrice daily. In the course of three or four days the child was all right; there was no vestige of the disease left.

We had another case of pneumonia in a boy just in the beginning of this month, where the marvellous effect of Phosphosus was observed. The boy has been suffering from malarious fever for the last two months. When all on a sudden he was attacked with pain in the chest and high fever. On inquiry we were told that the boy has been exposed to rains and night air. The attending physician thought, the pain was due to worms in the intestinal canal. Vermicide was ordered and one large round worm expelled. This gave no relief of the pain; on the contrary, alarming symptoms of adynamia presented themselves. I was telegraphed, it was a case in some forty miles distant from Calcutta. On reaching there I examined the chest and found the whole of the right lung was affected. Typhoid symptoms were observed. High fever, temperature 104 F., muttering delirium, subsultuss tendinum, comatose sleep, violent thirst, tongue furred and coated, bowels confined, restlessness, there were bronchitic sounds also heard. I prescribed Phosphorus 3 × and Bryonia 6 in alternation every three hours, and our little patient was much better in the afternoon. The same prescription was continued, and the next morning there was no fever; the patient was put in the recumbent position by a pillow and wanted food. No incoherent talks or jerking of the muscles. In fact, he was convalescent in forty-eight hours. Such quick action of our medicines I could not anticipate in the morning, especially this case was one suffering from malaria and consequent anæmia and prostration, here the action of medicines would be probably tardy.

Dr. Flieshman of Vienna was the first physician, who introduced Phosphorus in pneumonia. He was so sanguine about its efficacy that he almost positively said that the cases, which are not cured by Phosphorus, can not be cured

at all. I am almost of *his* opinion though cannot speak so authoritatively. My conviction is that in cases of true pneumonia, with high temperature and other concomittant violent symptoms, Phosphorus is our sheet-anchor. But together with bronchial complication, it yields the palm to either Bryonia or Antimonium Tart. Here also we often fail with the administration of last two medicines exclusively, so the better plan is to alternate one of these with Phosphorus. Magendie proved on lower animals that Phosphorus produces distinct inflammatory lesions in the structure of the lungs. Hahnemann and his disciples took bold step to prove the medicines on their own person and true symptoms of pneumonia were developed. This is indeed a great boon to suffering humanity.

Case II. Madari, male child, about 3 years of age, of a slender made. His mother died of peurperal fever when he was about eight weeks old. Since then he was artificially nourished, enjoying almost as good health as could be expected in such cases. His bowels were always costive, stools generally hard, lumpy, evacuated with great difficulty and efforts. And old school-follower was called, who prescribed purgative medicine to releive the bowels. In passing, I must notice the child got inveterate eczematous eruptions throughout the body. The purgative medicine took its effects. The child had loose evacuations many times in the day to an alarming extent, when the grandfather of the patient asked the doctor what to be done. Nothing was the answer. At last the patient was passing blood and mucus. In this state I was called, on the 12th December 1879, I found the child in utter prostration. There were twenty or more stools in the twenty-four hours, of white mucus and blood. There was a good deal of straining. I prescribed Colocynth 6 × every three hours, which produced

marked effect. The number of stools was reduced to four or five in the whole day. The nature of stools was also changed; in fact, in two days the dysenteric symptoms were all gone. About a week after, I was called on to treat the child of his skin-disease. There were eruptions, pustular in nature throughout the body, some were scabbing others ulcerating. The hair of the head was matted together by pus and blood. There was a good deal of itching and the child scratched the parts until blood oozed out. The patient was scrofulous and cachectic looking. I prescribed Graphites30 twice daily. I returned to see the child after four days, when to my astonishment I found a marked improvement, the eruptions were less, there was very little itching; no new crops of eruption appeared since then. But there was a tendency to constipation again. The child strained much in evacuating the fæces, which was not formed as yet. Thinking Graphites to be a good medicine for constipation, I ordered the same medicine but once daily, and promised to see the patient again in four days. This time I found the eruptions were all disappeared, there was no trace of the skin-disease, but integument, in some parts of the body was still unhealthy looking. I stopped all medicine for three days, after which I intended to see the patient. I returned, but the grandfather of my little patient informed me that he noticed the boy's head a little bent forwards. He further told me that the manner of walking was not all right. Formerly the boy walked with him very briskly, leaping and jumping in the way but now went on very slowly and civilly. He inquired the cause of this, but could not detect any thing particular. I examined the spine from the head to the coccyx, but nothing very prominent. The head seemed to be little inclined forwards. I made a pressure in the cervical region and when my finger

touched the vertebra prominens, the child showed signs of pain. I thought very seriously within myself and told the guardian, that all were not going right. This is a case of special disease and might lead to serious consequences. An experienced European Surgeon was called in to confirm my diagnosis. On a careful examination and enquiry he told me that this was evidently a case of vertebral caries in its incipient stage and there is little help for it medically. I asked him what to do. He said tonics and nourishment are the only means at ourcommand. Though a beginner in homœopathy, still I knew there were many medicines for the disease in the new method. I at once suggested Calcarea and Phosphorus 6 alternately twice daily. No perceptible effect in six days. I thought it better to ask the aid of an experienced homœopathic doctor. Every young practitioner ought to do so in such cases. Dr. Bhaduri was called and prescribed Phosphorus 3 × thrice daily, and advised me to think and study Natrum mur. afterwards. Phosphorus was continued for three days. I read in Kafka that Natrum mur. is one of the good medicines; he also hinted at Phosphorus. So I determined to continue these two medicines in alternation, *viz.*, Phos. 3 in the morning, and Natrum mur. 6 in the afternoon. In a week the child improved considerably in health, the appetite increased, bowels regular, the curvature of the spine much less, the head though not completely erect still was tending to an upright position. The same prescription was continued for a fortnight and the child got well. The head resumed its former state, there was no tenderness on pressure over the spine, the general health of the child was much improved. The patient was now gaining flesh and resuming his usual brisk and jolly life, since then about four years he is enjoying perfect health. There was no skin disease, nor any disorder of the bowels.

The last medicine prescribed was Sulphur 30 x two doses only.

TWO CASES OF TETANUS FROM TOY-PISTOL ACCIDENT.

BY CHAS. A. BARNARD, M. D., CENTREDALE, R. I.

During the recent widespread epidemic of this disease, two cases came under my care which furnish additional proof of the wonderful effect of drugs administered homœopathically. During the entire treatment of both cases, every drug was homœopathically prescribed, and the symptomatology of each drug furnishes a parallel to the condition of the patient at the time the drug was administered. No surgical means were resorted to ; no topical measures were used.

Case I.—On the morning of July 15, I was called to see a lad, aged thirteen, who, I was told, had been wounded by a toy-pistol on the Fourth. I found the wound in the palm of the hand, except the growth of new skin, entirely healed. My little patient lay prone and rigid upon the bed, every voluntary muscle being in a state of tonic contraction. His eyes were fixed and staring ; his jaws were set and half open ; the risorius muscles were powerfully contracted ; the skin presented an ashen-gray appearance, and his face wore a decidedly tetanic—I had almost said Satanic—look. Respiration was almost entirely abdominal. Swallowing difficult. At frequent intervals he would be seized with severe clonic spasms, throwing the body into the position of opisthotonos.

Knowing how fatal the then reported cases had been, I turned to the friends and said, "It is only another case to be added to the list. However, I will do what I can." Selecting *Lach.* 6c I ordered a powder the size of a pea every two hours. Scarcely expecting to see my patient alive again,

I took my departure. At midnight I saw him again. He had taken a little milk; the clonic spasms were not so frequent, and he did not complain of so much pain in the back.

Next day, to my surprise, I found his mouth closed and the interval between the clonic spasms increasing in length. Enjoining strict attention to diet, which he had to suck between his teeth, I continued the *Lach*. At midnight not much change.

Next day much the same. At midnight I found the little fellow suffering from dyspnœa. With a peculiar sharp, sudden cry he would be seized with a severe clonic spasm; opisthotonos would supervene, the muscles of the chest would be violently contracted with severe pain, his face become livid, froth would issue from his mouth, and through his clinched teeth he would cry out, "Take me to the window."

Surely that is a complete picture of the effect of *Hydrocyanic acid*, which accordingly I gave.

The next day I found that the spasms had left the chest, he could open his mouth a trifle, and had slept a few minutes.

When the clonic spasms came on he would complain of a terrific pain in the groin. For this symptom I gave *Cicuta virosa*.

For nearly two weeks I saw my patient in the morning and near midnight each day. Wavering from hope to fear, watching the almost constantly changing symptoms, I was able to promptly control them as above mentioned.

The lengthening interval between the spasms, the gradual relaxation of the rigid muscles, the slow but sure approach of sleep to his weary frame, the almost worshipful look of the widowed mother for the salvation of her eldest son, I can never forget.

But a new danger awaited me. His emaciation was great; his neck, back, and legs were stiff; his head was drawn to one side, and he refused to take nourishment. He would promise me to do so, but as soon as my back was turned he would take nothing. He would rather die he said.

I bribed him and invoked the aid of the neighbors. Finally his appetite has returned. To-day he came into a friend's house with scarcely a trace of the terrible disease.

Case II.—Edward C——, a stalwart youth of sixteen, was wounded July 4, 1882, by a toy-pistol. The wound healed kindly and the family thought no more of it. July 17 he worked very hard, helping his father, who is a mason. He perspired freely, and his people thought he took cold. He staid at home the next day, with a lame and stiff back. I prescribed for him and could then see no evidence of tetanus. During the day he was picking at the wounded place in his hand, when out came what he termed "a piece of the wad."

On the 20th the family sent for me during the evening, saying he was worse. He was worse indeed. His neck and back had become firmly rigid. It was with the utmost difficulty he could move his legs; his face was turgid; froth was issuing from his mouth, it being forced between his clinched teeth; the least attempt to open his mouth was attended by the most horrible grin; violent clonic spasms tortured the patient, and every spasm was accompanied with a yell that would have done credit to the most savage Sioux.

The house seemed like a second edition of Bedlam. The room was crowded with the members of the family and neighbors. Some were crying, some were giving orders, some helping, others making trouble; while all were occupying needed room and air and adding to the excitement.

At the onset of every spasm the boy would ask to be taken up and held in a standing position. Restoring order, I made an inclined plane in the bed and told the patient to lie on that and keep quiet.

Giving the *Hydrocyanic acid*, I enjoined the utmost quiet, and left in good faith that I should find my patient more comfortable in the morning. My faith was rewarded. The clonic spasms did not last long, the flushing of the face had disappeared, no froth was seen at the mouth. I found, however, the tonic condition increased. So rigid was he that every clonic spasm threw the body into a state of opisthotonos. The head was drawn backward, but could, with force, be bent slightly forward.

For two days the conditon remained much the same, except that the clonic spasms grew shorter and further apart, the jaw relaxed a little, and the patient would, for a few moments at a time, sleep.

On the night of the 23rd, while I was in the room, he dropped asleep and in less than a minute was seized by a clonic spasm, causing severe pain in the back. His parents said, "There, that's just the way he has been ever since noon."

I administered *Lach.* 6c. The pain in the back was relieved in less than half an hour, and he slept better than at any time since he was taken ill.

Lachesis was continued until the 25th, when I found the seat of the pain had changed to the groin, and the patient was in a state of excessive hyperaesthesia. The slamming of a door, a loud voice, a touch, a noise outside the house, and sometimes even the air from a fan, would cause a violent clonic spasm. If the patient lost consciousness for a moment, the jaws would snap together with a distinct report. There was much frothing at the mouth, and

sometimes, when the teeth would catch the tongue, there would be blood.

Had the boy eaten hemlock root, could he have presented a more complete picture of *Cicuta?* That remedy was selected, and in the evening the symptoms were marvellously controlled.

From this date the history of the case is much like that of the former. There was, however, no emaciation in this case; the patient, in sickness as well as health, being well-nigh a glutton.

Considering the gravity of the symptoms, never have I seen so prompt and satisfactory results from the administration of drugs.—*The New England Medical Gazette,* Vol. xvii., No. 10, October, 1882.

CORRESPONDENCE.

MALARIOUS FEVER.

To the Editor of the Indian Homœopathic Review.

Sir,—While you are engaged in writing something about malarious fever in Bengal, it would not be out of place to lay before you and your readers my experience and views about it from a recent tour in various parts of the Nuddea District. Before the grand national festival we set on for the head quarters, *i.e.*, Goari and Krishnaghur. The railway arrangement in the Sealdah Station (the head Station of E. B. Railway line) was very bad indeed, in as much as the space allotted for the second-class passengers, was quite inadequate for them. We were almost suffocated when the train was staying in the station. There were only two compartments replete with their inmates. Such arrangement, on the part of the railway authorities, is simply unpardonable, for it produces inconveniences as well as sanitary and hygeinic

derangements. There were no water-closets and privies attached to the carriage. We were informed that the lower class passengers are subject to greater molestation and ill-treatment. We have every reason to believe to, because we found a large number of passengers have been thrust into a single compartment. They have scarcely a little space to sit down, more so they possess one or two packages of personal things with them to use. One word more about the mismanagement of the railway authorities in passing. There were no water-supply for Hindu travellers as far as we could see, several gentlemen were calling for water, but no body appeared. Here and there, we discovered a few Mehomedan water-carrier for the European gentlemen. This is gross injustice. We hope the Agent of the E. B. Railway Company would be pleased to investigate the several inconveniences and institute proper orders for supplying these wants of the passengers.

We alighted on the platform of the Bogula Station, from which we had to travel about twelve miles in hackney carriage to reach the Sudder Station. A main road leading to Krishnaghur is convenient for travellers, and the country around it is beautiful, cultivated lands and small villages. Leaving aside the consideration of these minor details, we at once took to the real state of the place. We were really sorry to find the desolate condition of the inhabitants. Many a poor houses have been deserted owing to the death of their inmates by the ravages of malarious fever and to some extent by the general panic caused by this direful plague.

Physicians and scientific inquirers are divided amongst themselves about the causes of malarious fever. Various theories have been broached forward from time to time, but the real state of things is yet envolped in utter darkness. Here in this district the condition of anomaly

prevails. The road, the drainage-system and all the internal conditions of the place remain as they were some twenty years ago; still at present the people are suffering. Alas! Krishnaghur was once considered a sanitarium but now, no body dares to visit the place even for the sake of urgent business. We once feasted our eyes with gloomy countenance of College students engaged in the athletic and gymnastic exercises in which they excelled most of the colleges in Bengal; but now pale, worn out and anæmic face and puffed up and tumified abdomen, everywhere arrest our attention. The physical condition of the soil is not a bit altered, but its population is being thinned. During the last few years, the country around was swept away by inundation, which caused a heavy loss to the E. B. Railway line. The water had no free egress, the portion of it was absorbed by the soil, which thereby became damp. The remaining portion is collected in low marshy lands and thereby has become contaminated, and thus a prolific source of malarious diseases. This may be a plausible cause of the catastrophy. The chill theory of malaria finds many an adherents in the present day. We have some notion of it explained here in this way. That the soil already soaked in water, becomes damp; and the people, inhabiting such soil growing weak by the abstraction of their animal heat, can scarcely withhold the effect of the chill and thus become subject to periodic attacks of fever. The superficial capillary circulation is obstructed and congestion of the internal organs is the result. The repeated attacks of rigors produce engorgement of the liver and spleen, and inattention to dietetic rules produces diarrhœa and other consequent abdominal disorders. Prostration of strength in any way predispose a man to this kind of malarious attacks. Poor people, thus circumstanced without sufficient food for support or best clothing for protection,

become ready victims, to this life-consuming malady. We have met with a few cases here which have been very badly treated by the Allopathic doctors with large and repeated doses of Cinchona and its various alkaloids, especially Sulphate of Quinine. I put up there with a respectable officer of Government, where I had the honor of many gentlemen's acquaintances, to whom I explained the deleterious effects of pushing on Quinine in these cases. They all expressed their earnestness of getting the advantages of Homœopathic treatment, but no qualified doctors can be available there. Some of our energetic young graduates of the Medical College will find it a good field for practice at Krishnaghur. I advise a ready attendance to the calls.

From the head quarter of the district we set on by rail to visit some of the interior places. And first of all, the most important place is Kissengunge. Though we could not stop for a long time to examine every particulars, yet we were informed that malaria was equally virulent here as in the Sudder Station. Some intelligent and observing gentlemen at Krishnaghur remarked that the force of malaria and its concomittant evils are gradually decreasing here. It is much less than the previous year. I am quite convinced of the truth of this assertion, for every disease gets less virulent by time. It is frequently observed in various diseases; cholera, for instance, is not at the present time so violent and so quickly life-destroying as it were, in the time of its first invasion. It may be that now-a-days various precautionary measures and remedial agencies have been discovered, but still it is true to certain extent. The disease generally change character and fortunately for the human race, the change is for the better in this case. We all know that every epidemic of cholera has its peculiar feature, so is that of typhoid fever, measles, small-pox, &c.

Our next trip was towards Kustea and its neighbouring villages, Kasimpore, Chapra, Keshubpore, Kumorkhali, &c. These places fare better than Krishnaghur and its neighbourhood; still they show the same tendency to the ravages of malarious fever. The beautiful river Gorie passes through them, so their drainage-system is to a certain extent free. The banks of this river are so ordained by Nature as to preclude any possibility of innundation in its entire extent. So there is no stagnation of water. We have isolated cases of intermittent fever met with in these places and the usual mal-treatment of the doctor. Unfortunately no disciples of Hahnemann could be found out any where we travelled. It is a matter of great regret. My dear Editor! what are you doing for the propagation of Homœopathy in India? It is your bounden duty imposed upon by the Almighty, and instructed by the illustrious Founder of Homœopathy to do all in your power to give the blessing to all. It is not that you make money out of another's discovery and labor, and appropriate it to your own comfort, but you ought to look to other's happiness and prosperity.

Yours most obedt. servant,

THE TRUTH-SEEKER.

EDITOR'S NOTE.

THE following tale is told by a much esteemed American paper, which may interest and amuse our readers. It runs thus:—A badly scared College Faculty, some five or six months ago, Dr. W. W. Van Valzah, a lecturer in Jafferson Medical College, of Philadelphia, became the subject of medical treatment; his health being badly shattered. Among his medical advisers, we are told, were some of the most prominent members of the College Faculty. Five months of treatment and examination not

only failed utterly to benefit the patient, but even to unite his medical friends upon a diagnosis. He then proposed a trip to Europe, but was dissuaded from the step by his physicians lest he should die before reaching there. Finally, he went to Cape May N. J. and the influences of the sea voyages, together with that of continued allopathic medication failed to check the progress of his malady. Becoming desperate at last, and being unable to leave his room, he began a course of homœopathic treatment, prescribed by Dr. E. H. Phillips of Cape May. The results were prompt, and decided improvement at once set in, and the patient progressed with satisfactory rapidity, towards recovery. At this writing he is able to take short drives and expects soon to make a trip to the mountains. But the most interesting part of his case is yet to be told. The College Faculty, on learning of the facts, demanded that he should discontinue his employment of homœopathy and dismiss his homœopathic physicians. This demand, the doctor very emphatically declined to comply with, and the delegation who conveyed the Faculty's message, were obliged to return with their mission unaccomplished. In a very brief time a second message followed, embodying a request the doctor to resign his position in the College, which was instantly acquiesced in.

It must not be supposed, from these facts, that Dr. Van Valzah has become an adherent of homœopathy. He has declared his determination however, as soon as his health will permit, to investigate its principles and to observe carefully its results in hospital and private practice.—H.M.

Our Cinchona Plantation.—It is now some years since, our Government resolved to introduce the Cinchona plant into India to reduce the enormous expenditure it incurred to procure Quinine for its subjects from England. It had another benevolent purpose to serve, that of giving every facility to its malaria-stricken subjects to procure this (to them most necessary article) at a cheap cost. Accordingly Dr. Anderson was deputed to bring the plant to India from its natural habitat, also to select a suitable locality in our country for the purpose of its cultivation

As we now see from the reports the plant has apparently well thriven in its land of adoption; but its introduction has not fulfilled the expectation so sanguinely entertained. We have used Quinine ever since we have came to practise, but we have never been in its favor as a febrifuge. Although sometimes succeeded and like a charm in checking the paroxysm, its after-effects are anything but assuring. Now that our soil has not accepted the plant, we are afraid our constitution will never derive the same benefit which its advocates so persistently hold forth. We shall discuss in future number in detail this most important subject.



THE INDIAN HOMŒOPATHIC REVIEW.

Vol. I.] DECEMBER, 1882. [No. 12.

THE HINDU SYSTEM OF MEDICINE IN INDIA.

In the November Number of the *Monthly Homœopathic Review,* the opening article deals with the subject of Homœopathy in India. The writer begins his article as follows;—"The practice of medicine in India, as in other oriental countries, has altered very little in the course of centuries. Semi-supernatural power, natural magic, necromancy, witchcraft, devil-worship and a very slight knowledge of medicine were the powers brought to bear on disease by the physician."

We cannot certainly find fault with the author of the above-quoted passage, because his knowledge of the Hindu Physician is at best only second hand. He believes as he has been told to believe by those who have studied ancient Sanskrit writings. But whether these latter have erred in their estimation of the merits of Hindu medicine our author has no means of judging.

Rev. Mr. Hastie poked fun at Babu Bunkim Chundra Chatterjee, because the latter advised him to study Sanskrit with the Hindus to be able to judge the merits of Hinduism, and not with the Europeans who have never been able to grasp the real significance of the ancient Hindu Shasters. Here is another instance of the unreliability of all that the Europeans have said about India.

It is true the Hindu mode of practice has not undergone any alteration in the course of centuries. But as it is, it

is far superior to any method of practice that we know of, excepting only the method discovered by Hahnemann. Even compared with Homœopathy it is fully able to maintain its own grounds when the diseases peculiar to India come to be treated. In fact, we Homœopaths do not apprehend so much danger from the rivalry of the Allopaths, as we do from that of our regularly brought up kobirajes. If Allopaths had not appropriated our remedies, they would be in a miserable plight in the treatment of good many diseases. We all wonder how Allopathy can go on without such medicines, as, coral, calcarea, gold, silver, &c., but these are the medicines every day used by the kobirajes, and their knowledge of the medicinal action of these drugs in disease is fully equal to ours, if not superior. We know that, in the treatment of bowel-complaints, both acute and chronic, the orthodox practice is sadly disappointing ; but the kobirajes can manage such cases both promptly and successfully. In all sorts of chronic diseases too, the Hindu system of practice is inferior to none that we know of. In the question of dose too and repetition of medicine, the kobiraje's system makes a near approach to our own. The members of orthodox medicine ridicule our idea of the development of medicinal power by trituration and succussion ; but the native physicians take advantage of this doctrine from time immemorial in the case of several of their drugs. It has been ever a known fact with them that gold, silver, copper, &c., could be converted by trituration to remedial agents of great value ; accordingly they make successful use of them every day in their practice. In matters of diet again, our kobirajes are far more rational than it is supposed to be. As regards cure of diseases by occult agency, a regularly brought up native physician condemns such a practice as much as any of us do. He is brought up in the line of his profession after he had gone

through other branches of knowledge of the Shasters. In fact, a native physician holds a very high and respectable position in society, and is ordinarily classed with the Professors of our *Toles* (institutions corresponding to our modern Universities).

In matters of surgery too the system of the Hindus was a very advanced one. We learn that there were altogether one hundred and twenty-six surgical instruments (a respectable number no doubt) in the possession of the ancient Surgeons, and such things as plastic surgery was not unknown to our ancestors. In this department, however, not much is to be seen now-a-days. But the practice of medicine has been handed down to us in as perfect a state as was then known.

The law *Similia Similibus Curantur* too was not unknown to the Hindu kobirajes. The following couplet, by Kalidas, the celebrated poet, has no doubt reference to the subject in question:

"श्रूयते हि पुरा लोके विषस्य विषमौषधम् ।"

We have heard of old that poison is the only thing which can antidote poison; or as Shakespeare has it

"Take thou some new infection into thine eye
And the rank poison of the old will die."

Dr. Johnson and Dr. Sharp make this quotation and explain the passage as we have done. Practically also we have several times noticed the similarity of their prescriptions to our own. On one occasion we were called to treat a case of cholera where the patient had been passing bloody stools with mucus. We were about to give the medicine, when a kobiraj, who was present, asked to know the name of the drug we would give. We gave him the Bengali name of the medicine Merc. Cor. He said he had given the very thing only half an hour ago. He had given a very minute dose although larger than the

one we generally give. I did not like to disturb the action of the medicine. In another hour there was marked improvement on the character of the stool. It was no longer bloody. In the evening I found the patient in a fair way to convalescence. In cases of acute Dysentery we have frequently seen them use Aconite and Merc. Corrosivus in combination. In chronic Coughs (especially tuberculous) Coral, Calcarea, &c., are medicines of every day use with them.

Now it might be asked why it was that this advanced method of practice could ever be supplanted by a foreign method? The answer is not difficult to find. Of course it should be here said that, the English system of practice found favor only in the Province of Bengal. This part of India has become malaria-stricken, and Allopathy has in its possession the great antiperiodic of the day—Cinchona. Even with quinine it could not have made the same progress had it not been for several other circumstances to be presently noticed. The real secret of this success lies in the employment of native agency for its spread by our Government. The Calcutta Medical College was opened for the Medical education of the Natives in 1835, and it is from this time that the real progress of European medicine is to be dated. The other circumstances which helped in its spread was its success in the departments of surgery and midwifery. In our country these two important branches were neglected as beneath their dignity by the regular physicians. They were confined to the very lowest class of the people from whom nothing in the shape of improvement could ever be expected. The thorough mastery over these branches gave to our graduates an advantage, which to a great extent compensated for their deficiency in medicine proper. In fact, their success as surgeons and accouchers did a great deal towards the establishment of their reputation generally. It was about this time also

that English education began to spread in the country which brought on a regular revolution in the habits and lives of the people. Previous to this, our mode of living was of the primitive style; but English civilization appeared in our midst as an avalanche and swept away every thing Native in its rapid and destructive march. Our Mahomedan conquerors even after a rule of six hundred years, could not change the time-honored customs of the people. The Hindus paid their quota of contribution to the Imperial Exchequer, and they were allowed to continue unmolested in their own peculiar habits. Although now and then an over-zealous potentate of the Arungzebe type would try to force his religion, habits and customs upon the people; but such proselytizing spirit never continued in an organized form. As a general rule they were left in perfect liberty as to the management of their internal affairs. Neither was the status of Mahomedan civilization such as to allure our countrymen by any superior traits in its character. But the influence which came from the Europeans overwhelmed them in no time. To the simple and primitive Hindus, the material development of Europe was too imposing and they were taken in by its external gloss. Every thing Native began to be condemned, and every thing European extolled to the highest Heaven. Fortunately, this change in the taste of our countrymen was mostly confined to the Metropolis and to the large cities of the Province. The Muffussil remained comparatively uncontaminated. And now that a reaction is visible against this state of things, we hope to see at no distant date a re-institution of our old civilization remodeled by the practical stamp of the European character.

It is curious to note that this reaction was also due in the first instance to European influence. A few Germans and English took to their head to study Sanskrit for philological

purposes, but they were surprized to see the gems that were to be found in the writings of the ancient Hindus. Sanskrit study was revived, and this revival is the cause of the reaction now visible.

HYDROCELE.

THIS is a disease which is frequently to be met with both in Bengal and the North-western Provinces, and cases are not uncommon that come to us to be cured by internal medicines alone. Its cure by Iodine injection, is no-doubt, thorough and permanent, but it is a very tedious one, taking sometimes more than a month, the operation being at the same time very painful. We cannot deny, however, that in spite of our having a number of medicines in our possession, our success is not so very re-assuring. This failure is certainly due to our want of clinical experience in the management of such cases. Were we to make up a list of the medicines obtained from the proving of our drugs, the number would be a respectable one, but we are sorry that further from the fact of such and such remedies having given rise to Hydrocele, nothing particular is to be met with in our books. This is not only the case with this disease alone, but with many others that we know of. And if every cure of such diseases would be reported in our journals, giving the peculiarities and symptoms which led to the selection of the right medicine, we can, at no distant date, establish reliable data to proceed on with our cases. For our part we know of only a few medicines from which we have obtained successful results.

As regards the causes which give rise to this disease, many are of opinion that our peculiar way of wearing our Dhotee, allowing the testicles to hang unsupported, is the most prominent cause of the ailment. We cannot, however subs-

cribe ourselves to this view of the case. Had it been true the people of the North-west, whose mode of wearing their Dhotee, gives efficient support to these organs and also keep them to a certain extent compressed would not be so much prone to this accumulation of serum in the tunica vaginalis. We believe the disease to be due to an anæmic state of our blood for want of good nutritious food, especially that of animal origin. Excessive sexual indulgence and masturbation are also two prominent causes of the production of this nasty disease. Mechanical injuries, such as, blows, and horse-riding sometimes give rise to it.

As regards treatment, we have scarcely ever derived any benefit from Rhododendron; where there is moon fever and pain at stated intervals we have seen benefit from the use of Silicea and Sulphur both in the 30th dilution. Cases arising from mechanical causes are generally of an yielding nature. We have used with success Rhus, and Conium where the disease was of long standing and Arnica both externally and internally in cases of very recent origin. For left-sided hydrocele we have found Rhus Tox. 6th very efficacious. Once we treated a case of a very painful nature with remarkable success by this medicine. It was a left-sided one and the testis was of stony hardness from excessive accumulation of serum. The fluid had gone up along the chord to the margin of the external ring. He had been to the Mayo Hospital and the Resident Surgeon wanted to evacuate the fluid. But another surgeon hinting at the possibility of the presence of a portion of the gut in the place, the former hesitated to puncture the part. The patient understood what was said, and on promise to call again escaped from the Hospital. When he came to my hands he was suffering from agonising pain. But Rhus gave him very prompt relief. We have had good many opportunities of witnessing the success of Iodine injection in our

own practice. Only in one case there was a relapse after a year. We always used two parts of distilled water and one part of Iodine Tincture. To evacuate the serum alone is simply useless, as in less than a week the cavity fills up again.

The following experiments with alcohol, taken from the *Medical Times and Gazette* of 1871, page 563, many be repeated to utilize the fact for the benefit of our countrymen :—

"M. MONOD has read a paper at the Société de Chirurgie, in which he recommends a simple mode of Treating Serous Collections by the Injection of Alcohol. He finds that the equilibrium between secretion and absorption may be re-established by removing a very small quantity of the fluid, and then injecting a still smaller quantity of alcohol at 40. His attention was first turned to the point about three years since, when he was consulted for a jelitare. A table spoonful of fluid was removed by a small trocar and a somewhat less quantity of alcohol was injected through the canula. No pain or inflammation followed, and a diminution of the tumour soon took place. The injection being repeated in a fortnight, the cure became complete. He has employed the same means successfully in hydrocele in three cases (he himself forming the subject of one of these), and contrasts the simplicity of this mode of treatment, which allows the patient to at once go about his affairs, with the more painful and tedious procedure in the ordinary mode of injection. A modification of Pravaz's syringe, by Luer, was employed, and no pain or inconvenience resulted, while absorption took place. When this was slow, the injection was repeated once or twice. The quantity of alcohol injected varied from two to five grammes. M. Dolbeau remarked that, although little

could be said of the plan at present, it deserved a trial, its originality consisting in the not-emptying the tunica vaginalis, as in ordinary injection. M. Despres pointed out the resemblance the plan had to that adopted by Maisonneuve, of first withdrawing a portion of the liquid of hydrocele, and then, injecting it again, under the idea that its exposure to the air might confer upon it modifying properties. M. Verneull was of opinion that this operation, followed as it is by no ill-effects, is well-deserving of further trials in hydrocele, but he hesitated in recommending its extension, as M. Monod does, to the various forms of hydrarthrosis, and certainly he would not venture to employ it in order to cure more rapidly an hydrarthrosis of the knee-joint. It is even questionable whether in M. Monod's cases the small quantity of alcohol injected exerted such modifications on the tunica vaginalis and the contained fluid as to have led to the cure. Possibly the mere puncture would in those have sufficed. At all events, as relapse frequently occurs after simple treatment of hydrocele, M. Monod's success requires confirmation. M. Trelat observed that much depends upon the date of the hydrocele; for when this is recent it sometimes disappears with astonishing facility. He referred to a case of double hydrocele, in which the injection of the one side rapidly cured the hydrocele of both sides. He has, indeed, met with three examples of this. In young subjects, too, recent hydroceles, are easily cured. M. Larrey said that hydrocele is so easily cured in young subjects, that mere puncture will usually suffice. M. Monod, in reply, said that he was not desirous of instituting any new mode of practice, but only to call attention to an innocent operation. He regretted that his colleagues had confined their attention to hydrocele, and had not adverted to

the case of cystic goitre which he had related. He is quite aware that double hydrocele may be sometimes cured by injecting one side only; and he has met with a still more remarkable case, in which double hydrarthrosis of the knee was cured by an injection of one joint. All he was now desirous of was to induce his colleagues to investigate the effects of the injection of a small quantity of alcohol into nervous collections."

TREATMENT OF CHOLERA WITH SULPHUROUS ACID.

A. Hickman, M.D., L.R.C.P., Edin.,

Surgeon, Army Medical Department.

Case.

Gr. C. —a strong healthy man, aged 26, was attending hospital for three days for slight diarrhœa which was apparently cured, but on the morning of the 7th instant, when we arrived in camp, he got a relapse, for which he was admitted. He seemed to be getting better, until about 5 o'clock P.M., when he commenced to vomit, and shortly after complained of cramps in his abdomen, and in about half an hour severe purging began. The stools were very profuse and watery at first, coloured by the previous intestinal contents, but soon became of the rice-water character. This continued until 10 o'clock P.M., when it ceased, during which period he had altogether nine motions. His condition was one of extreme collapse, face of a livid hue, skin bathed in cold sweats, extremities cold, pulse very weak and thready, 130 per minute. The temperature was not taken, as the bullock wagon carrying the cases met with an

accident on the road. I saw him at 12 P.M., when all purging had ceased; he was most restless, tossing about, and had an attack of vomiting again.

8th—Brought him on in a *doolie* to next camp. He had a very bad night, no sleep, and was very weak. Had no motion during the night; at 11 o'clock A.M., he passed a small quantity of urine. One motion at 4 o'clock P.M., which was quite liquid and of a greenish hue.

	Morning.	Evening.
Temperature	99 ...	98·4
Pulse	70 ...	95

9th—Had him conveyed as before to next camp, had a good night, slept well, no motion during the day, passed urine freely. He is still very weak and depressed, has no appetite Pulse 90. Temperature normal.

10th.—Brought him on to next camp, he passed urine freely, but had no stool. Pulse 90.

Temperature normal.

11th, 12th, 13th.—Had a stool each morning, appetite re turning.

14th.—Discharged him to attend hospital, which he has done until the 18th instant, when he seemed *quite recovered.*

Treatment.—He was isolated at once in a small tent to windward of camp, and a warm bath was ordered, during the interval a large mustard poultice was applied to his abdomen, and the following mixture given:—Tinct. opii. m.xl, Acid. sulphurosi oz.iv, Aqua ad dr.iv. One ounce every hour. He was then put in the bath, to which mustard had been freely added, in which he was left for some time. He was taken out, rolled in blankets, and constant rubbing kept up for over half an hour, until the skin commenced to act freely, which, however, only lasted a short time. After

the third dose of the above prescription, he was in such a state of collapse that I withdrew the opium and gave him the sulphurous acid in drachm dose every half hour, which was continued until 11 o'clock P.M. During the entire period sulphur was kept constantly burning in the tent; for two reasons, one that he might inhale the sulphurous acid in the gaseous state, the other as a disinfectant. On the 18th instant and following days, he took the sulphurous acid in combination with opium thrice a day. During the first 24 hours he got a bottle of champagne and six ounces of brandy. His diet for the first four days consisted of milk and eggs, which were gradually withdrawn.

Remarks.—How sulphurous acid acts on the "cholera poison" is a matter of conjecture, and will remain so until the so-called poison is discovered. Garrod states that it has a destructive influence on vegetable life. This may account for its efficacy. This is the second case I have seen recover under this form of treatment; one was a very severe case under the care of Surgeon-Major Wills, C.B., the other the above-mentioned. I trust some of your readers will favour us with their experience in this matter.

[The above case, with the concluding remarks, is transferred to our pages from the columns of the *Indian Medical Gazette* of this very month of December, 1882. We have given this case in full, not as a specimen of clinical teaching, but as a specimen of the mental attitude of our friends—the Allopaths.

There is a man who has been treated to a large mustard poultice, and who has been simultaneously taking a mixture of tincture of opium and sulphurous acid; he is growing worse. Then opium is withdrawn, and sulphurous acid alone is administered, and he recovers. Then as a final fare-well

he is again treated to a combination of sulphurous acid and opium.—What clinical experience are we to derive from all that?—We can agree so far with Dr. Hickman, that opium must have done that man a great deal of harm ; in fact, Dr. Hickman withdrew the opium after the 3rd dose. But if the doctor wants to carry us farther in his own conclusions; if he wants us to believe that it was under this (sulphurous acid) treatment the patient had recovered, then we feel a strong inclination to pause and to ask ourself: Was it not the mere withdrawal of the opium which saved the patient's life? Dr. Hickman is evidently governed by the idea that 30 drops of opium given to a cholera patient bordering on the stage of collapse can do no harm, if they do no good. All the harm they did in his case, according to his opinion, was this, that they interfered with the otherwise beneficial action of sulphurous acid. Every reasonable man would then have expected that the doctor would have made a note of the antagonistic action between opium and sulphurous acid, and would never have prescribed them any more in combination. But alas, for the shortness of human memory! "On the 18th instant and following days, he (the patient) took the sulphurous acid in combination with opium twice daily."

The great lesson, to our opinion, we can learn from the above case is this, that the less we learn from it the better. Of course our contemporary of the *Indian Medical Gazette* holds another view as to the clinical value of the above case. But our readers must have become aware by this time, that we are no admirers of the *Indian Medical Gazette;* we admire his editor who speaks with contempt of Homœopathy without knowing anything about it—and that is all.—Ed. *I. H. Review.*]

ACTION OF GOSSYPIUM.

On the 20th October 1882, I was called at night to see a patient suffering from severe after-pains. The patient was about 25 years old and had given birth to a male child in the morning. The labour was not tedious and the placenta was also expelled an hour or two after. This was her third delivery and in the two previous occasions too suffered greatly from these after-pains. I examined the uterus and found it to be as large as an ordinary *bael fruit* (eagle marmelos). She had expelled a few clots and there were some more in the uterus. I placed the rolling womb *in situo* and placed a thick pad over it and tied it down firmly to its place by means of a soft but strong rope. Where clots accumulate in the cavity of the uterus, I have found this means to be more efficacious in expelling them than our ordinary flannel bandage. Instead of a rope I generally use the border of a *Dhotee* for its soft and at the same time strong structure. She was getting the pains very frequently, so I gave her Gossypium Herbaceum, one drop every hour, and also ordered her to keep to her recumbent posture till further advised. She was much relieved after the first dose; the second dose cured her for good.

ARGENTUM NITRICUM IN PURULENT CONJUNCTIVITES OF INFANTS.

The infant was a female child, 3 months old. The mother was subject to a leucorrhœal discharge which no doubt somehow got into the eye (right) and gave rise to the

disease. She was treated by the two best ophthalmic surgeons of the town, but they had given up the case as past all hopes of recovery. I gave her Argentum Nitricum 12, one globule morning, and evening. This brought on only a partial relief, and I changed the dilution to the 6th. In one week's time the child was cured. The whole of the cornea presented a white appearance and there was extreme photophobia At the end of the week the child could open her eye without the least difficulty, but a leucoma was noticed in its middle Calc. Carb. 12th and Sulphur 12th removed the spot in a fortnight.

Two other cases were brought to me from the mofussil with affections of both the eyes. The entire cornea appeared covered with a white patch in both the eyes, and the conjunctiva besides was chemosed. I began at once with the 6th of Argentum, and both the eyes were cured in less than a fortnight.

Cases from Practice.

UNDER B. L. BHADURI, L.M.S.

A CASE OF HYSTERIA CURED BY RHUS.

THE first case was that of a lady, wife of a respectable gentleman. Her age was 21 years at the time and she was subject to Hysteric fits since she was sixteen years of age. She had some irregularity in her monthly course but had never suffered from Leucorrhœa. Formerly she used to get fits at long intervals, but in spite of all treatment the case went on aggravating, and at the time she was placed under our care she had been getting fits every day at intervals

of six hours both day and night. For about a month there was no benefit perceptible; all medicines, such as, Sepia, Natrum Muriaticum, &c., failed to do any good. At last it occurred to me that in a case of fever where the paroxysm used to appear every six hours (after abuse of Quinine) Rhus-Tox 30 had been prescribed with success. I at once gave this medicine to her, and from the very first day she began to improve. No other medicine was given her. At last only a dose of 200 was given to complete the cure.

BROOMSTICK TREATMENT IN HYSTERIA.

THIS case was a very peculiar one. It was in a girl of only 12 years old and unmarried. She was a motherless girl and the father too was indifferent to her, having been completely under the influence of his second wife. She was a great favourite of the first patient, and used to spend most of her time with her. During the first patient's illness, she used to tend her throughout the day, but would go to sleep at night at her father's, which was adjoining the patient's house. When the fits of the first patient began to occur daily, the girl began to feel unwell. After two or three days she became very uneasy, and one day at 10 A.M as she was coming from her father's to the first patient's house, langour seized on her and she was unable to walk. She entered a third person's house where she was also a favourite. The housewife was struck with her appearance which had become pale and bloodless, and asked her what was the matter with her. She said she was very unwell and wanted a place to lie down. She was shown to a room where as soon as she entered she fell down insensible. The fit, however, lasted only a short time and she went away begging the

matron not to divulge her illness to any, especially to her father and step-mother. From this date she used to get the fit every day at 10 o'clock, but would always manage to come to the house of her neighbour a little before the occurrence. The matron wanted on several occasions to make the fact of her illness known to the girl's father; but she was always prevailed upon not to do so. The girl gradually began to loose flesh, and the matron apprehending any untoward result during the fit, divulged the fact to her (girl's) step-mother. The father came to know it and both he and his wife hit upon a plan of curing the girl of her Hysteria. She was not allowed to go out the next morning. 10 o'clock was about to approach and both of them stood near her with broomsticks in their hands. She was commanded not to get the fit on pain of being beaten to, jelly if it occurred. The fit never came, and she was cured within a day or two. Dr. E. Goodeeve used to keep a red-hot iron ready before the patient's face to prevent the fit from recurring, but I never heard of any success from this plan. The patients knew the device was only a scare to frighten them. The little girl, however, knew that the broomsticks were not meant as mere scare, and that her step-mother would prove especially too true to her words were she to get the fit. The cure was prompt, thorough and permanent, as Hahnemann would have it.

NITRATE OF URANIUM IN DIABETES.

THE first case that I treated was an old man of about 6) years of age, a Government pensioner, who had been suffering from Diabetes since a long time past, and was treated both by the Allopaths and Native physicians There was not the slightest benefit from any. He was ad-

vised to take opium by the former, but this instead of giving him any relief only aggravated his complaint. Diabetes naturally brings on constipation which is only made more troublesome by the drug. He came to my hands when he had begun to have curbuncles and the Allopathic medicines had proved fruitless. Arsenic 30th and 12th cured him entirely of this nuisance. There was a peculiar kind of ulceration (gangrenous ?) noticed in this case which I have not had the good fortune to see in any of the numerous cases that have since come under my treatment. The skin covering the bony protuberances of all the joints, especially those of the ankle-joint were in a peculiar state of decay. The pressure from beneath was the immediate cause of this, and the ulcers had a peculiar dessicated appearance. Along with the other sores, Arsenic also helped to remove these latter. One great difficulty in the way of our treatment was the constipation of the patient. He was all along in the habit of taking daily doses of purgatives. I was obliged to put a stop to all these medicines, which greatly aggravated his troubles. Our medicines would move his bowels, but the effect could never be permanent on account of his opium. This habit of opium-eating stands very much in the way of continuing our otherwise effective treatment.

Although Arsenicum cured the carbuncles of the patient, yet it was not efficacious in lessening the quantity of his urine. I gave him Uranium Nitrate 3 Trituration, two grs. three times a day. In less than a week's time the normal quantity was regained.

The second case was also in an old man of 57, but being a rich man did not look so old as his age would indicate. He was suffering only for eight months. The specific gravity of his urine was 1030. and the quantity of Sugar about 16 grains to the ounce. Acid Phos. was prescribed in various dilutions but without any avail. At last I gave him Uran. Nitrat. three times a day. After four days' use he began to improve, and in about a month's time he was perfectly cured. On analysis, the urine was found to be perfectly normal. 3× 2× and 1× were the potencies used in succession.

The patient is a very careful man and lives a very temperate life. It is now two years that he is cured, yet no relapse has taken place, although during the interval he had great mental uneasiness on account of a lawsuit in the family.

The third case came to me from Eastern Bengal and was an old man of 60. In his case Uranium Nitrat. alone did not succeed. It had to be alternated with Arsenicum to give him the full compliment of benefit from the treatment.

The next case was in an adult, but the disease was of more than five year's standing. His appearance never indicated the existence of any disease in the system. He was a rich man and could afford to take every care to prevent the disease from making any advance. I was treating another case in the family and in the course of conversation I learned that he had Diabetes mellitus since a long time past. In the beginning the sp. gr. was so high as 1038, but was reduced to 1020 after a course of Allopathic treatment. The subsequent treatment, however, was of no avail, it failed to bring down the sp. gr. further. He had now given up the treatment and was only observing diatetic restrictions. He had never had any Homœopathic treatment, I requested him to give a trial to Homœopathy and he consented to do so. I found the disease was due to derangement of the digestive system and so gave him at once Uran. Nitrat. After only four days' use, the sp. gravity came down to 1015.

Within the last two or three months I had opportunity of treating a case of Diabetes mellitus in a young man of 25 years of age. He had taken both Allopathic and Kobirajee medicines, but without any benefit. He came to me in a very depressed state. The specific gravity of his urine was 1028, and the quantity of sugar in an ounce of urine, grains 12 to 13. I gave him Acid. Phosph. in the medium dilutions at first, and then Uran. Nitrat. 3. The latter afforded prompt help and in less than a week the sp. gr. was reduced to the normal standard. His thirst disappeared and he began to have sound sleep at night. I advised him to go to the N. W. Provinces for a change. He did so and has now come back quite healthy and comfortable. When he came to me at first, I advised him to make N. W. P. his permanent home, but I don't see any necessity of his taking this step for his safety. He has been now working as before, but continues to keep first-rate health. .

I have just now a patient in hand, aged about 50 years, whose urine gave unmistakeable signs of the presence of sugar, when I saw him for the first time. He consulted me for pain in the back (spinal

irritation ?) but did not tell me anything about his urine till I made enquiry about it myself. His urine was sent to me, and I found a considerable quantity of sugar. I first gave him Calc. Phosph. 12, but no benefit resulted from its use. Uranium Nitratis has, however, completely removed the sugar and lessened the quantity of urine ; but the pain in back has only slightly yielded. He has been yet under treatment.

I had good many other opportunities also of trying the efficacy of Uran. Nit. in Diabetes mellitus. When the disease arises from defects of digestion and assumilation, this medicine affords very prompt help. In a case of Diabetes insipidus Uran. Nitrat. 30 gave relief after the very first dose.

A CASE OF CONSTIPATION CURED BY LYCOPODIUM 30×.

Babu N——, æt. 40, came to me on the 3rd of December 1882, and reported that he was subject to habitual constipation for about two years and suffering from discharge of blood from the urinary organs from the year 1880, but could not ascertain how these uneasiness arose. He admitted that he used to drink country rum three years before. I at onc- prescribed Nux Vomica 12th for a week. After a week he came and reported no improvement, and moreover told that he had forgotten to inform me the following, viz , Burning of the soles of the feet, inclination to weep, headache with pain up to the shoulder, arrest of breathing when walking. I prescribed Calc. Carb. 30 in the morning and evening, and Nux Vom. 30th at bed-time for two weeks or more. On the 15th of December he came and told that he wished to change the treatment, for I treated him for about a month, but with no effect.

I urged him to continue for a fortnight more, and noted down the following symptoms minutely :—

1. Constipation and hard stool, scanty but very difficult to evacuate. Anus, painful to touch.

2. Discharge of blood from the urinary organs, but painless (the

discharge being painless, I thought that it came from the bladder.,) urine scarcely in the day but in the night, frequent but scanty.

3. Feeling of tightness of chest during sleep, which disturbs his sleep, oppression, but not arrest of breathing during a walk.

4. Headache of the right side with pain in the neck, but not in the shoulder.

5. Nausea in the morning. Heartburn. Acid eructation. Hiccough at times, but especially after food and drink.

6. No sound sleep.

7. Inclination to weep and to be alone. He is a little sensitive.

Aggravation after eating, especially after cold food and drink.

Taking down all these symptoms, I consulted the books and gave him Lycopodium 3rd Trit, twice a day for four days. On the 20th December he came and reported better. I repeated the medicine for four days more. On the 26th he came and reported no change. I therefore gave him Lycopodium 30th (pilules) for five days. On the 3rd of the current month he came and reported that he had nothing to complain of.

How wonderful effects the Homœopathic medicament produces on a human system, if the medicine be selected with caution and care. There is no method of treatment which can compete with it.

Your most sincerely,

UPENDRA NATH BHATTACHARJEE,

Narail.

A CASE OF STENOTIC DYSMENORRHŒA CURED BY LYCOPODIUM.

UNDER B. N. BANERJEE, L.M.S., ALLAHADAD.

A Bengali lady, *æt.* 24, of robust constitution, had been menstruating very irregularly since the last seven years. But it is painful since the last three years. She gets her "time" either of the 25th or 26th day or on the 5th week. During her menses she experiences bearing down pain and passes small clots

with a small quantity of fluid blood of a dark tarry color. The menstrual molimea is felt about four days before the appearance of the blood and is not much painful. She gets pain in her breast which remains tender to the touch to the end of the period. She also sometimes complains of intolerable pain in the groins and small of the back. She is a confirmed dyspeptic, often getting pain in the stomach after eating. The right hypochondraic region was tendor to the touch; oftentime in the night she would be disturbed from her sleep by painful flatulent distention of the intestine. Bowels moderately constipated. She is always anxious and of weeping disposition.

She was examined by Miss Seward, M. D., and her case diagnosed "stenosis of the cervix uteri." This American lady doctor proposed dilatation of the cervical canal by means of tents.

Lycopodium 30 every fourth hour was prescribed from the commencement of the molimea and continued till the end of the period. By the aid of Lyco 30, she passed somewhat an easy period. Next month there was scarcely any noticeable molimea, so Lycop. was given just at the commencement of the flow. She this time was cheerful and passed a very easy period. There was nothing abnormal on the third month, the menses appearing on the 9th day, the flow was easy and painless, and there were no clots.

In this case the symptoms very closely resembled those of Lycop. The uterine symptoms were as much characteristic of Lycop. or those of the alimentary canal and disposition. Besides the characteristic symptoms, I was tempted to use Lycop. from a perusal of a case treated by Dr. Guernsey. I do not exactly remember where I read the case, but in my note-book I find a note to this effect :—"Lycop. useful in stenotic dysmenorrhœa with severe pain in the right shoulder and arm and sick headache in rare doses of a high potency generally." But in my case there was no pain in the shoulder, nor was there any sick headache.

CORRESPONDENCE.

HICCUP.

To the Editor of the Indian Homœopathic Review.

DEAR SIR, —In the October Number of your Review, there are a few interesting cases of hiccup, reported by Babu P. C. Majumdar, L.M.S. The interest of his cases lies in the fact that in almost all of them there was amelioration after eating or drinking. He closes with the following remark :—" One defect in the homœopathic treatment of singultus is the want of proper indication found in our books. In all our repertories there is a condition of aggravation after eating and drinking ; but the opposite condition, viz., amelioration after eating and drinking is totally wanting......I shall be obliged to any of my colleagues by their pointing out to me the medicines indicated in such a condition. I know this condition is more prevalent in India than among our English and American patients."

As I am not able to comply with the above request, I might have past the subject in silence. It seems to me, however, worth-while to mak the following remark.

As a rule the want of special indications, or of some guiding symptoms is so much the more felt in the homœopathic treatment of ailments, the less we have of a physiological basis, upon which we might be able to work out the therapeutic problem. The pathology of hiccup, as of various other neurotic disorders, is not clearly understood, though we know a good deal about the different causes and conditions which may bring on such a fit. Our treatment must therefore be to a large extent symptomatic. And such being the case, the conditions of respective aggravation or amelioration gain so much the more of importance.

On the other hand, in studying the pathogenesis of those drugs which are said to have produced something like a fit of hiccup, one cannot help being struck by its comparative paucity in this respect. There are no fewer than one hundred and fifty drugs enumerated in Allen's Symptom Register under the heading of Hiccup. Yet when we refer to the Materia Medica itself, we find that, with a very few exceptions indeed, the respective drug is hardly worth mentioning. *Nux Vomica*, for instance, a drug so rich both in gastric and nervous disorders, has

amongst its 1,600 pathogenetic symptoms, only two referring to hiccup—Frequent hiccup without (apparent) cause—Hiccup before dinner.—Let us remember at the same time that the pathogenesis of *Nux Vom.* is derived from no fewer than seventy-four different sources, provings and cases of poisoning.--Who could after this reasonably say, that singultus is a portion of the physiological action of Nux ?

And what has been said of the just mentioned drug is more or less true of all other drugs. None, or almost none of them, gives you the impression that they had ever produced a genuine attack of hiccup severe and long lasting. The way how they appear to have brought on now and then in some prover some such fit, seems rather to point to some reflex action, as it is likely, occasionally to occur under any derangement of the system. If seventy-five persons were minutely to observe all their little ailments within a fortnight or so, without subjecting themselves to any drug-proving whatever, it is just as likely that the one or the other might be able to record a fit of hiccup. I do not mean to say that Nux Vom. could therefore not be considered as capable of arresting a fit of hiccup homœopathically. For since hiccup as it generally occurs is not idiopathic, but has moreover its origin in some abnormal reflex action, a drug capable of subduing such excited action, will, at the same time, cut short the hiccup itself. And this *Nux Vomica*, in common with such other drugs as Belladonna, Cicuta, &c., will effect on perfectly homœopathic ground.

Idiopathic hiccup, however, is, as has been said, extremely rarely produced by our proved drugs. This may, at first sight, appear strange, considering that many of them have a decided action upon the phrenic nerves. On a little consideration we might however be able to understand, why out of all the 150 drugs which parade in Allen's Symptom Register under the heading of Hiccup, the genuine pathogenitor is so rare.

Hiccup, as is well known, is the consequence of a simultaneous abnormal action of the diaphragm on the one side, and the glottis on the other. There is a convulsive contraction of the former, plus a spasmodic closure of the latter A drug which is to produce therefore an idiopathic fit of hiccup must have a direct action not only on the phrenic nerve or its filaments ; it must at the same time be able to produce laryngismus. Now if we come to enquire about the drugs which

have produced laryngeal spasms in a pronounced manner, we shall find that their number is very few indeed. Amongst those of the purely neurotic, non-inflammatory type, Cuprum stands first, I might almost say, alone. And although Cuprum Metallicum has hardly a trace of the disorder in question. most likely because of the absence of its action on the phrenic nerves, we find amongst the symptoms of *Cuprum Aceticum.* Hiccup—and again : Hiccup with spasmodic contraction of the pharynx—Violent hiccup in another prover ; and frequent singultus often loud enough to be heard all over the house, the patient being unconscious. This gives one the impression of a serious fit of hiccup, and from what we know otherwise of the pathogenetic action of the drug, we may say of a genuine, idiopathic attack.

Lyocpodium is another remedy which deserves mention in connection with this subject ; not simply because hiccup is pretty well pronounced amongst its pathogenesis, but also because all through its provings we find a peculiar alternation of contraction and relaxation. In the face we note : tongue pushed out and withdrawn ; angles of the mouth alternately drawn up and relaxed ; *alæ nasi* alternately expanded and relaxed.

Yours truly,

L. SALZER, M.D.

Scraps and Comments.

A New Discovery.—The Editor of the *Statesman*, dated the 28th December 1882, gives the following a prominent place :—

AN American doctor has found Aconite a useful remedy for Dysentery. The *New York Medical Journal* says :—"Dr. Owen reports the results of 151 cases of acute Dysentery treated with Aconite. He was induced to look about for another treatment than the conventional one with Ipecac, on account of the nausea which often attends the latter, and which often drives hospital patients especially to rebel against a repetition of the dose Dr. Owen gave the tincture of the British pharmacopœia, which is of one-sixth the strength of Fleming's tincture. He gave one minim every

fifteen minutes for the first two hours; after that one minim every hour. This would make thirty minims in twenty-four hours. Dr. Owen feels that his experience in 151 cases justifies him in speaking quite positively in favour of the treatment. In his paper he gives a very good analysis of his results."

[NOTE.—Dr. Owen deserves great credit for his discovery of the action of Aconite in Dysentery. But if our excellent Editor were to read the article Aconite in any treatise on Homœopathic Therapeutics, he would there find that this drug was used in this disease long long before perhaps our worthy Dr. was born. This sort of discovery has become very prevalent in the ranks of the Allopaths now-a-days :—ED., I. H. REVIEW.]

The Medical Profession Honored.—We are sincerely happy to learn that our learned townsman, Dr. M. L. Sircar, has been honored with a Companionship of the Order of the Indian Empire, by our Government. He deservedly stands at the head of the Native Medical Profession, and we wonder only that he was not long before selected for this reward. His unceasing labour to diffuse scientific education among his countrymen at the sacrifice of both health and money, deserves the highest credit from us all. May the Almighty long spare him to enjoy his hard-earned honor.

Acute Milk Poisoning.—Dr. E. F. Brush, attending-physician to the New York Infant Asylum, has, in the *Medical Record*, an interesting account of some personal observations respecting the causes of infantile choleraic symptoms. He thinks we should be justified in dropping entirely from our nomenclature the term *cholera infantum*, and substituting the term *acute milk-poisoning*, claiming that this term would alone be sufficient to suggest that the further use of the poison should be stopped. He holds that by keeping up the activity of the mammary gland of the cow *beyond the normal period*, and continuing this through successive generations, we gradually rob the lecteal function of its true "secretory" character, and impart to it more of an "excretory" quality. Thus galactorrhœa may take the place of diarrhœa in the animal, and noxious matters eaten by her may be conveyed to the infant. Sudden changes of food, poisonous weeds, stagnant waters, etc. may thus account for many cases of infantile cholera. But the two conditions of the bovine organism to which Dr. Brush directs special notice, as

causing changes in the milk secretion, are sexual excitement and pregnancy His observations show that both those conditions are fruitful causes of infantile sickness; but the first mentioned condition induces in the milk an oder of putridity, perceptible on heating it in a water-bath; that coitus develops a marked acidity, and that pregnancy deteriorates its nutritive quality. Mechanical injury to the udder also gives rise to an acidity, perceptible in the freshly-drawn lacteal secretion.

[NOTE.—Dr. Brush's observations are not altogether new. It will be remembered that our homœopathic colleague, Dr. Falligant, of Savannah, Ga., drew attention to the vitiation of cow's milk by pregnancy, in a paper read before the American Public Health Association in 1881. The observations of Dr. B., however, take a wider scope, and entitle him to public and professional thanks. If this investigation is to be further pursued, as it surely ought to be, we would recommend observations upon still other causes of lacteal vitiation, of whose existence we have personal knowledge, viz., racing cows to and from the pasture, beating, kicking, hounding, and otherwise maltreating them,—practices all too common among farmers boys, yes, and farmers themselves. Also thirst or hunger, long-continued, from confinement in unwatered or unfertile pastures; the excitement of cow-fights, sometimes long-sustained and desperate, and affecting the nervous equilibrium of an entire herd; localized inflammations, with more or less fever, from gores and other wounds; the evident grief of the animal at the loss of her young, when sent to the slaughter-pen; exposure to extremes of heat or of cold, or to storms, etc., etc.—EDS.]—*Hahnemannian Monthly.*

Pilocarpine and Cataract—The value of Pilocarpine and Jaborandi in the treatment of affections of the eye, has been investigated by Dr. Landesberg. He states that in certain disease they are useful, but he has met with some facts which suggest that their use may cause cataract. In four cases of detachment of the retina and one of serous choroiditis, in which the crystalline lens was perfectly transparent up to the commencement of the treatment, it afterwards readily became opaque. He also treated a horse for irido-choroiditis and large opacities of the Vitreous, giving infusions of Jaborandi leaves and inviting Pilocarpine herewith the skin. The morbid process was rapidly arrested and the Vitreous had became entirely transparent;

but during the fourth week of treatment, the crystalline lens was observed to bec ome opaque. It is, of course, possible that the development of the cataract, and the preceding treatment were simply coincident by chance, but the facts are at least suspicious." A good hint for homœopath indeed !

Obituary.

WITH deep and heartfelt sorrow we have to record the untimely death of Baboo Gopaul Chunder Lahiri, L.M.S., of Serampore, on the 5th October 1882, at the age of 41. He has left his widow, a son and both the parents to mourn for this sad bereavement. He was not an inhabitant of the place, but settled there as an independent practitioner after having obtained his degree in the year 1864. Within a few years he became a general favourite, and he outbid every other practitioner of the place in the race for competition. Apart from his remarkable abilities as a physician, his sound common sense and extensive literary acquirements made him the accepted leader of the community at large. In fact, he was worshipped by the people of Serampore and its surrounding villages as a demi-god, and they now sincerely mourn the loss from their midst of this truly great man. In his death we Homœopaths have suffered a loss which is irreparable. His faith in Homœopathy was simply unbounded, and he was besides a Hahnemannian to the very back-bone. It is due to him and to him alone that Homœopathy has become the accepted method of treatment in the locality in which his practice extended.

Presidency Press, Calcutta.